DOCUMENT RESUME

ED 123 830 EC 090 021

AUTHOR	Wickey, Jane M.; Hartman, Barbara L.
TITLE	The Coalition Approach to Improved Services for Handicapped Children in the Baltimore Region. Final Report.
INSTITUTION	Models of Delivery Systems, Inc., Baltimore, Md.; Regional Planning Council, Baltimore, Md.
PUB DATE	Apr 76
NOTE	80p.
EDRS PRICE	MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS	Community Organizations; *Demonstration Projects; Elementary Secondary Education; Exceptional Child Education; Exceptional Child Services; *Handicapped Children; *Interagency Cooperation; Regional Programs; *Services
IDENTIFIERS	*Maryland (Baltimore)

ABSTRACT

Presented is the final report of a 1-year project designed to determine the possibility of coordinating services for handicapped children in the Baltimore (Maryland) region by providing technical assistance to coalitions of decision makers at the local and regional levels. Some of the findings and conclusions drawn from the project are listed such as that successful coordination requires staff support. An overview of the project covers such topics as the coalition approach; the problem of lack of coordination; the role of Models of Delivery Systems Inc., a nonprofit corporation; project objectives; and interdependence of coalition and the model. The establishment of coalitions for handicapped children at the city, county, and regional levels are reported on separately. Described is a document developed during the project which is noted to contain information on direct services which exist specifically for handicapped children, identified gaps in services, and assessment of the interagency network in each jurisdiction. The two project models, one designed with the consumer in mind and the other designed to meet agency needs, are reviewed. Results from questionnaires for evaluating the project are cited, and it is concluded that the project was successful. Attachments are provided which include a table on the population of handicapped children (0-21 years old) in three local jurisdictions, an overview of the coalition approach project, a table on coalition members, copies of county and city project proposals, and a sample coalition project questionnaire form. (SB)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

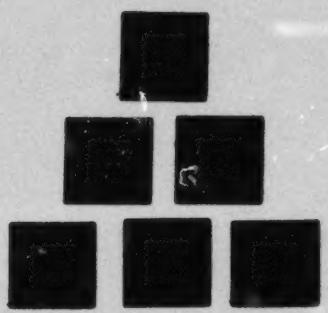
ED123830

THE COALITION APPROACH TO IMPROVED SERVICES FOR HANDICAPPED CHILDREN IN THE BALTIMORE REGION

Final Report Submitted to:

Maryland Regional Medical Program

April 30, 1976



Submitted by:

Mrs. Jane M. Wickey, and
Mrs. Barbara L. Hartman

Models of Delivery Systems, Inc.
4100 Maple Avenue
Baltimore, Maryland 21227

EC090021

TABLE OF CONTENTS

Preface i

FINDINGS AND RECOMMENDATIONS v

I. AN OVERVIEW 1

II. THE COALITIONS 11

III. DOCUMENTATION 17

IV. MODELS FOR COORDINATION OF SERVICE . . 27

V. EVALUATION 29

VI. CONCLUSION 35

* * * * * * * * * * *

Attachments:

A Handicapped Children (0-21) In Three Local Jurisdictions

B Project Overview - July, 1975

C List of Local Coalition Members - April 30, 1976

D List of Regional Coalition Members - April 30, 1976

E Proposal to Establish an Office for the Coordination of Services to the Handicapped in Anne Arundel County - 12/17/75

F Proposal to Establish a County-wide Interagency Screening, Placement, and Evaluation Committee in Baltimore County - 3/10/76

G Questionnaire

Charts:

I Summary of Project Objectives & Status

II Graphic Illustration of the Interdependence of Local Coalition and Designed Model

III Tabulation of Responses to Questionnaire

IV Percent Bar Graph Showing Tabulation of Responses to Questionnaire

V Percent Bar Graph Comparing Responses from Counties and City for Six Elements

This Project is Funded by
A Grant From
Maryland Regional Medical Program

PREFACE

There is no ending, though this is the final report of the project, "A Coalition Approach to Improved Services for Handicapped Children in the Baltimore Region." Some of the work begun will go on after the termination of the project. Some of the documentation that has been completed will be the basis for additional work to be continued in the Baltimore area.

We began with the question: "Is it humanly possible to bring together a coalition of consumers and providers whose main focus is the provision of comprehensive services to handicapped children and their families?" It has been answered through the commitment that has been demonstrated by all those involved in the coalitions, totalling over one hundred people. It is possible in one year to set in motion a coordination process. Whether or not the models designed will prove of value in helping the handicapped child in Anne Arundel and Baltimore Counties cannot be answered at this time.

The year's experience has reaffirmed our belief that coordination is possible; that a structure for it to take place is essential; that the clout and support must come from the authority of the local jurisdictions; and that above all, the same priority planning and staff support must be provided for the purpose of coordination as for any other endeavor, if it is to succeed.

This project is under the direction of the Baltimore Regional Planning Council. The Regional Planning Council (RPC) was created in 1963 as a cooperative, inter-governmental planning organization. The Council's area of jurisdiction includes Baltimore City, and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties.

Models of Delivery Systems, Inc. (MODS) is a non-profit corporation whose purpose is to assist in the design and development of more effective, accountable, and less costly approaches to the delivery of human services. MODS was incorporated in Maryland in June 1973 and received non-profit public service status from the IRS on January 29, 1974. MODS is responsible for the design and implementation of the coalition project.

In the context of our objectives and concerns over the past year, I have repeatedly thought of a letter I received just as the project was beginning:

> Dear Jane:
>
> Mrs. C brought me this invitation to Bruce's graduation addressed to you. I promised to forward it to you for him.
>
> I know it will give you much pleasure and great satisfaction.
>
> Bruce has been accepted at the Vocational Institute for post graduate training and will start in the winter quarter. He has a job at _____ in computer work for the summer. He will be twenty years old the day after graduation. He still shows some signs of the ten years of institutional living, is immature, but all things considered, is doing remarkably well.

The letter was sent to me by a supervisor of special foster homes for the emotionally disturbed in a private family agency. Bruce was brought to my attention by a speech and hearing therapist eleven years ago as I worked in a large institution for the retarded. His story was like any of a number of others. He had been committed to the institution at the age of one year and diagnosed "severely retarded." In a routine hearing test at the age of nine, he had been picked up as a deaf mute. After corrective surgery, it was found he had been mis-diagnosed and the need for his entering a school for the deaf was clearly indicated.

I will not go into the long story or the problems involved in meeting Bruce's needs except to say that unlike many others, all of the resources that were needed to save Bruce from a lifetime of "nothingness" mercifully became available to him.

All of us who have had experience in working with handicapped children have had a few Bruces that made us feel that we have helped another human being. Far too often, though, we have had the Jimmy's

who force us to face our failures. In the majority of cases it is our inability to coordinate systems that cause the child to end up with little or no help.

The problem of helping the handicapped child is not a simplistic one. There are no villians that cause us to fail in our attempts and there will never be a time when we will not be faced with reality problems to overcome, in our attempts to do a better job. Today it is the pressing financial situation that causes us anguish as we look at the numbers of children we need to help and the declining dollar with which to do it. In the "Sixties" it was the awful lack of manpower, teachers, social workers, therapists. In the "Fifties, it was the lack of funds during the recession and the apathy that impeded us.

If the project has helped us all to take even a little step in the direction of tackling the problems of coordination, it has been worth all the time and energy of our staff and ourselves in undertaking the project. This final report is our evaluation of this year's experience. It is our hope that it will prove of value to others engaged in the same objectives regardless of where they are geographically located.

Finally, MODS wishes to thank all who participated in this project and gave of their expertise as well as their time. Certainly, it includes all of the members of the regional and local coalitions. But in addition, we would specifically like to thank the Baltimore Regional Medical Program - Dr. Edward Davens and Mr. John Bacon, who in addition to funding us, offered assistance and encouragement throughout the project; the Baltimore Regional Planning Council - Mr. William McC. Hiscock, Director of the project, who helped give direction, and Mrs. JoAnne Graves who brought RPC and MODS together, and Mrs. Diane Ratcliff; the chairmen of the coalitions - Mr. Stephen W. McNierney, Regional Chairman, Mr. Kalman R. (Buzzy) Hettleman, the first Chairman of the Baltimore City Coalition, and Dr. Elsa Graser, who took over the reins in midstream, Mrs. Tucky P. Heller, Baltimore County Chairman, and Mr. George (Reese) King, Anne Arundel County Chairman. All of them accepted this enormous undertaking in spite of heavy commitments, and

spent many hours on the project. And finally, to our dedicated, committed staff who made a valuable contribution to the working of the coalitions - Mrs. Sandra R. Vance, Baltimore City; Mr. Vincent J. Klimas, Baltimore County; and Mrs. Anne D. Booth, Anne Arundel County; and for excellent secretarial support - Mrs. Jo Ellen Marshall and Mrs. Jean Defina. "Happy are those who dream dreams and are ready to pay the price to make them come true."

Mrs. Jane M. Wickey and
Mrs. Barbara L. Hartman

FINDINGS AND RECOMMENDATIONS

Presented here are some findings and conclusions drawn from the one year pilot project. Recommendations will be made on how these findings can be put to use through implementing the coalition approach in other parts of this State or nation.

FINDING #1 - IT IS POSSIBLE IN ONE YEAR TO SET IN MOTION A COORDINATING PROCESS THROUGH WHICH A REPRESENTATIVE GROUP OF PROVIDERS AND CONSUMERS CAN TAKE DELIBERATE STEPS TOWARD THE DESIGN OF A MODEL APPROACH TO COORDINATION OF SERVICES FOR HANDICAPPED CHILDREN. IT IS NOT POSSIBLE IN ONE YEAR, HOWEVER, TO ALSO IMPLEMENT A MODEL AND EVALUATE EFFECTIVENESS.

Coalitions were established in Anne Arundel and Baltimore Counties and Baltimore City. All three are functioning and are developing plans to continue after the project ends. Two of the three have developed models for coordination.

In Baltimore County, their model, "A County-wide Interagency Screening, Placement and Evaluation Committee" is being tested this month for implementation. In Anne Arundel County, their model, "An Office for the Coordination of Services for the Handicapped" has been placed in the County budget for implementation in Fiscal 1977. In Baltimore City, the documentation of services and service needs was completed April 12, 1976 leaving little time for development of a model. As of the last meeting on April 15, 1976, the coalition decided it should seek funding to continue at least for several months to design a model for coordination for the City.

FINDING #2 - MANY OF THE PREMISES UPON WHICH THIS PROJECT WAS BASED HAVE DEMONSTRATED THEIR USEFULNESS AND HAVE BEEN RATED AS IMPORTANT BY LOCAL COALITION MEMBERS.

The design of the coalition approach was based on a series of premises. Each premise is considered here in light of our experience of one year and in relation to the response of local coalition members to a questionnaire.[1]

1. A broad-based representation is essential to the coalition approach to insure involvement of the public and private sector, consumer groups and general government and to build checks and balances into the decision-making thus increasing potential for a real partnership approach to the planning and delivery of services to handicapped children.

General consensus - strongly supported this premise rating it the highest priority of all. One representative stated: "This mix is a key to action-oriented discussion. It both serves to increase communication and to give across the board back-up on actions." (#17)[2] Representation of private and public providers was rated as most important with slightly less support for representation from general government. This is natural since these two sectors have the longest history of working and planning together. Both general government and consumer groups have not been part of policy-level planning efforts and thus, it is understandable that there is some confusion as to their role.

2. Representation from decision-making level of agency or organization is essential to establish within the coalition membership the capacity to take action on issues of importance.

---

[1] The questionnaire listed key elements used in the implementation of the coalition project. Each local coalition member was asked to assess the degree of importance each element has in the success of their local coalition. It also asked respondents to list the three elements considered of highest priority and the three elements of lowest priority. See Section V. for general discussion of the questionnaire and tabulation of the results.

[2] The numbers following the quotes are used to identify which questionnaire the quotes are taken from.

General consensus - supported this as being important to the work of the local coalitions with 89% rating it as important or very important. A private agency representative wrote: "This is most important because there is a need to have feedback on ideas and relationships which is immediate, and from a source authorized to implement the decisions made by the coalitions." (#20)

3. Chairmen appointed by Chief Executive is essential to clearly establish the authority vested in the local coalitions and to deliniate a formal tie-in with local general government.

General consensus - was mixed with a significant percent (43%) who rated this element as neutral or unimportant. (66% Baltimore City and 33% Counties)[3]

4. Chairmen appointed from outside the public system is essential so that the leadership of the local coalition is not encumbered by a structured vested interest in any segment of the service delivery system.

General consensus - was mixed with 48% rating it neutral or unimportant. (75% Baltimore City and 37% Counties)

Both #3 and #4, though not strongly supported by the coalition membership are nevertheless considered important premises necessary to the ultimate success of the coalition approach. They have not been adequately tested, however, and ought to be compared with alternative approaches to coalition leadership and the representation of authority.

In Ontario, Canada, where coordinating approaches are in various stages of development, conclusions reached are remarkably similar to ours. In a paper discussing what it takes to coordinate, one of the catalytic factors listed was "the presence of a charismatic leader or the presence of a leader who is a neutral person respected by all agencies."[4]

---

[3] Where there is a significant difference between response from the city and the counties, this is shown. See Section [illegible] and for further discussion.

[4] Naomi I. Rae-Grant, "So Many Children . . . An Overview of Child Mental Health Services for a Large Population." Presented at the American Orthopsychiatric Association Meeting March 24, 1975 in Washington, D.C., page 11.

5. Full-time field staff assigned to the local coalition is essential to facilitate planning of the local coalition by working with the chairmen in setting up meetings, taking minutes, researching and developing planning tools which document existing services, etc. and working with subcommittees in the development of a model to improve coordination of services.

General consensus - supports the importance of the field staff to the work of the local coalition with 82% rating it as important or very important. The chairman of one of the coalitions wrote: "Serving as the Chairman, I could not have reached our present point without the time, effort and energy spent by the staff person in collecting data, setting up meetings, handling secretarial services." (#15)

6. Full-time field staff located in an office in the jurisdiction is important so that the field staff is accessible to the chairman and members of the local coalition.

General consensus - is mixed with 43% rating this element as neutral or unimportant. This premise may only be an issue because of the way this project covers more than one jurisdiction. In this context, it appears most important to the chairmen who must work closely with the field staff. It is our observation, however, that the work of the local coalition goes more smoothly when the staff office is located in the jurisdiction. As the local coalition becomes more involved in implementation of a model and in taking action on various issues, proximity to the coalition members also helps when emergency meetings are needed, and when materials need to be hand-delivered.

7. Full-time staff living in the local jurisdiction is important especially in a region-wide project where staff should have a stake in their own jurisdiction, a knowledge of the service delivery system and to convey a sense of ownership of the coalition to the members.

General consensus - is negative to this element with 87% rating it as neutral or unimportant. In addition, 71% rated this among the three lowest priorities. It appears to be more important that the field staff be attuned to the needs of the local jurisdiction and be acceptable to the chairman. Where they live is not important. It is interesting to

note that these items related to the field staff were very important points of discussion at the time the project was being designed and the feasibility study was conducted in each of the jurisdictions.

8. Field staff supervised by a neutral corporation (MODS, Inc.) is important in this pilot project to establish continuity among tasks carried out for each local coalition, to increase sharing of information among local jurisdictions, and to maintain impartial management of the development of the tools for use by the local coalitions.

General consensus - is mixed with 42% rating it as important or very important and 41% rating it as neutral.

9. Neutral corporation (MODS) serving as a catalytic agent setting up local coalitions is important in this pilot project to initiate a non-vested interest approach to comprehensive planning, to supervise field staff, serve as consultant to the local coalitions and evaluate the results.

General consensus - is mixed with 53% rating it as important or very important and 30% rating it as neutral.

10. Neutral corporation (MODS) serving as a catalytic agent throughout the project and phasing out after one to two years is important so that both the process and the product (model) can be completed and shaped into an on-going force for coordination and so that the project can be evaluated.

General consensus - is mixed with 48% rating it as important or very important and 2[illegible] rating it as neutral.

MODS has purposely worked behind the scenes in its efforts to establish the coalitions and keep them moving. This has involved supervision of field staff, consultation to the coalitions and research. It was done this way on the assumption that unless the coalition members accepted the local coalitions as theirs, rather than as MODS coalition the project would never get off the ground. The focus of MODS was to establish the coalition structure, help with the agenda, help with the documentation and review the models. The only active role the project

manager played was in: 1) Selling the project to directors of agencies so it could begin; 2) transferring information between jurisdictions; and 3) acting as consultant when requested. Where respondents see MODS as unimportant to the coalition project, it probably reflects the fact that many coalition members were unaware of the supportive role and activities of MODS.

11. Documentation of services and gaps in services, and

12. Documentation on interagency agreements is essential to provide the local coalitions with tools necessary for planning to improve coordination and delivery of services to handicapped children.

General consensus - strongly supports the importance of these elements with 93% rating them as important or very important. Documentation of services was seen as slightly more important than documentation of interagency agreements. One representative wrote: "A coalition 'spins its wheels' unless it first knows what exists and what does not exist." (#11)

13. Planning a model to improve coordination of services, and

14. Implementing a model is essential to focus planning efforts on a concrete task which will result in the establishment of a structured approach to improving coordination of services.

General consensus - supports the importance of these elements with 90% rating them as important or very important. One representative wrote: "These two items are interrelated, and in my opinion, are the primary purposes of this coalition." (#6)

FINDING #3 - IF COORDINATION IS TO SUCCEED, IT MUST BE RECOGNIZED AND SUPPORTED AS A HIGH PRIORITY BY GENERAL GOVERNMENT AND THE PUBLIC AGENCIES.

Coordination does not just happen. It is not a by-product of case conferences, referral agreements, or ad hoc interagency committee meetings. It involves comprehensive planning and policy-making. To succeed it must be given priority attention.

Just as a program cannot operate without funds and staff, so too coordination takes staff to support the effort and to provide the tools of documentation and research. Each local coalition, made up of extremely busy people, has said that without staff support, they cannot continue.

FINDING #4 - TO SUCCESSFULLY IMPLEMENT THE COALITION APPROACH, THE FOLLOWING STEPS MUST BE TAKEN PRIOR TO THE ESTABLISHMENT OF ANY LOCAL COALITIONS:

- COMMUNICATE WITH AND OBTAIN SUPPORT OF THE CHIEF EXECUTIVE;
- COMMUNICATE WITH AND OBTAIN SUPPORT OF MAJOR PUBLIC AGENCIES;
- HAVE A CHAIRMAN APPOINTED AND STAFF PERSON HIRED; and
- COMPLETE DOCUMENTATION OF EXISTING SERVICES, SERVICE NEEDS, AND INTER-AGENCY AGREEMENTS.

We believe the coalition approach can be implemented in any local jurisdiction where conditions are "ripe" for coordination and where an individual or group is able to mobilize the needed support and involvement. The essential ingredients include:

1. "Yeast"
2. Needed structure including chairman, members and staff
3. Focus and time frame within which to complete certain tasks
4. Accountability

1. Yeast - A necessary condition for establishing the coalition approach is an undeniable public recognition of the need for developing a coordinated structure. Enough people have to be concerned, creating a "ground-swell." It could eminate from state or local legislation, a court decree, or a combination of providers and/or consumers who are unhappy with the existing service delivery system. If the motivation and consequent support is lacking, the efforts will probably not yield results.

2. Needed structure - Some person or group will need to take responsibility for getting the structure established. This requires the following steps:

a. Obtaining support from the Chief Executive for establishing the coalition approach and getting a chairman appointed from outside the service delivery system who has the respect of the community and has clout of his own.

b. Obtaining support and approval from the administrative level of each major public agency and getting the official designation of a representative from the decision-making level.

c. Parallel activities include hiring a staff person for the coalition; identifying major providers and consumer groups who would be appropriate members of the coalition; completing documentation of services; finalizing coalition membership; and establishing regular meeting time and place. Although the coalition can begin meeting at any time, it should be recognized that the documentation must be completed before they can get to the serious business of planning.

d. The chairman needs to be attuned to the dynamics of the group process, the timing of meetings in relation to completion of the documentation, and the setting up of working committees. If the jurisdiction is an urban area, additional staff may be needed to complete the documentation, in a timely manner. Additional time will also be needed to identify a membership which is representative of all relevant sectors, yet not too large and cumbersome.

3. Focus and time frame - Once the documentation is completed, the coalition needs to focus on an analysis of the document: What services and interagency agreements exist? What are the gaps in services? What are the priority needs? What coordinated approach or model could be designed using existing resources to alleviate the most critical problems.

4. Accountability - The coalition should be accountable to the jurisdiction (Chief Executive) for improving coordination of services. In addition, the representative of each agency or organization should be formally accountable for reporting coalition discussion and decisions back to his agency/organization. Communication channels need to be developed between the coalition and both the legislative and executive branches of both the local jurisdiction and the state. Sufficient public relations efforts should be made to adequately inform the community about the local coalition.

Once the local coalition is established and fulfilling its "mandate" to develop a model for improving coordination of services, there are two additional steps to be taken, based on the following untested premises:

a. If the coalition is to continue as a formal process for addressing policy issues related to coordination, then it needs to review its organizational structure, policy-making role, composition of membership, and establish guidelines under which they will continue to operate after a model for coordination is established.

The assumption is that the initial coalition structure needed to begin an assessment of services, to establish priorities and to design a model is not necessarily the kind of structure needed for an ongoing policy-making role.

b. To be an effective policy-making body, the coalition needs to build in a "feedback" system whereby they will continuously receive information by which they can monitor the effectiveness of service coordination and thus address policy issues where constraints to coordination or to improved services is discovered.

I. AN OVERVIEW

The Coalition Approach

The coalition approach was a pilot demonstration program designed to determine if it is possible to coordinate services by providing technical assistance to coalitions of decision-makers at the local and regional levels. While use of a coalition for planning is not new, there are many instances where they result in little more than a verbal sharing of frustration. The emphasis of the project, therefore, was on defining and testing variables which effect the success of a coalition to produce results. The end product of this one-year effort is two-fold:

1) What we have learned - a methodology for a coalition approach.

2) What we have left in place - documentation, coalitions and models.

During the project year, three local coalitions and one regional coalition were formed involving over one hundred decision-makers from as many agencies and organizations concerned and/or involved with providing services to the 47,064 handicapped children in three jurisdictions of the Baltimore Region.[5]

This coalition approach is built on an understanding of the natural constraints to coordination: e.g., vested interests, autonomy of public and private agencies, inertia and the struggle for control and power.

---

[5] Special Services Information System (SSIS) Data Book for January 15, 1976 identified 47,064 handicapped children presently being served by the major public agencies in Anne Arundel County, Baltimore County, and Baltimore City. See Attachment A for complete chart. SSIS is in the Maryland State Department of Education, Division of Special Education.

Its uniqueness lies in the conscious establishment of a balance of power, the presence of higher authority, full-time staff to handle logistics and documentation and the catalytic effect of a non-profit, non-vested interest corporation such as MODS.[6]

Lack of Coordination

Lack of coordination is a major national problem hindering provision of comprehensive services to handicapped children. This problem becomes increasingly critical where specialized services are offered in isolation from one another, and where responsibility for needed services is dispersed among dozens of agencies.

In The Futures of Children, a report of a project sponsored by ten federal agencies, Nicholas Hobbs wrote:

> Countless commissions, committees, and conferences including White House Conferences, have addressed the problem of providing services for children and have been appalled by the confusion they find. Report after report stresses the absence of any overall design for the delivery of services, the dispersion of responsibility among dozens of agencies, the fragmentation of effort, and the frequency with which children in need of assistance get lost in the system.[7]

There is no lack of commitment by professionals serving handicapped children. The problem is not a lack of skill and know-how. What is missing in most jurisdictions is a structure which facilitates honest exchange of ideas, programs, plans and innovative approaches. What is missing is a non-threatening atmosphere in which professionals and consumers, recognizing their vested interests, jointly focus on the needs of the handicapped child in their efforts to evolve new ways to coordinate their delivery of services.

---

[6] Attachment B is a Project Overview which includes some information not covered in this report.

[7] Hobbs, Nicholas, The Futures of Children, Report of the Project on Classification of Exceptional Children, (San Francisco: The Jossey-Bass Publishers, 1975) p. 180.

The Role of MODS

Models of Delivery Systems, Inc. is a non-profit corporation. It was established with the goal of seeking better and more effective ways of providing services to children and their families. Both the Board of Directors and the staff, coming out of a variety of disciplines, are committed to this focus. Thus, when the opportunity was presented to us by the Baltimore Regional Planning Council to develop and implement a project for coordination of services, we were enthusiastic and challenged by the idea.

The role established for MODS was that of providing technical assistance to the local and regional coalitions. This assistance was focused primarily on establishing the coalitions and facilitating the process by which they as a group developed the capacity for coordinating services to handicapped children.

1. Each coalition was provided with a full-time staff person to carry on the work of the chairman and of the coalition: Setting up meetings, taking and disseminating minutes and reports, and doing other tasks related to aiding the coalition to meet stated objectives. The staff person was recruited and hired by the project manager in consultation with the chairman of each local coalition. In recruiting staff, we looked for a person who would be adaptable to the jurisdiction in which he or she would be working - a young, committed agreeable person who could be taught the role of staff person to a coalition. This is stressed for the simple reason that too often, a staff person to a committee may forget that role and attempt to either control or influence the committee. The testimony as to how the staff did their job is the fact that as each of the coalitions plan to continue, they have unanimously indicated their desire for the staff person to continue with them.

2. The field staff were supervised by the project manager in terms of their overall performance, and by the research coordinator in terms of writing skills. Each of the documents prepared for the local jurisdictions was under the supervision of the research coordinator, who spent

many hours with the staff person reviewing the information gathered and determining the most effective way to present it to that particular jurisdiction's coalition.

3. The project manager provided consultation to the chairmen and to the coalitions, drawing on her training and experience in group dynamics, program operations, and coordination. The research coordinator researched existing models of coordination and evaluated the progress of the project.

4. Secretarial support was provided to the coalitions and the staff, including the handling of numerous phone calls, and the typing and mailing of minutes, reports and notices of meetings.

MODS has purposely worked behind the scenes in providing this technical assistance. As a catalytic agent, MODS has remained neutral, showing no vested interest in any age group, handicap, agency, or model. We had no preconceived plan of how any of the coalitions would move. The analysis of the documents was theirs. The decision on establishing subcommittees was theirs. The selection and design of a model was up to each of the coalitions. MODS designed and implemented the structure and provided the technical assistance.

Project Objectives

The objectives of the coalition project were extremely ambitious. Coordination under the best of conditions, is a complex task. Chart I is a summary of the objectives and what happened. Although there have been some aspects of the project which have not been completed, MODS has demonstrated what can be achieved in one year. Throughout this report we consider what has been learned and outline what we recommend for any jurisdiction interested in trying the coalition approach.

CHART I - SUMMARY OF PROJECT OBJECTIVES AND STATUS

Local Coalitions	
• Establish three local coalitions.	• Three local coalitions were established: Anne Arundel County - 6/26/75 Baltimore County - 9/26/75 Baltimore City - 10/1/75 (Planning Meeting)
• Develop a document: Services to Handicapped Children: Direct Services; Coordination of Services	• Documents were completed as follows: Anne Arundel County - 9/19/75 Baltimore County - 10/24/75 Baltimore City - 4/12/76
• Complete cost analysis of services for handicapped children and financial implications of models.	• These two objectives were not completed due to the complex nature of the task, the time limitation of one year, the incomparability of budgets among the participating agencies, and the consequent need to involve the state budget office in this aspect of the project. This is a two to three year task.
• Explore alternative models and select one for implementation.	• Various models were considered. The following were selected for implementation: Anne Arundel County designed an Office for the Coordination of Services for the Handicapped. Baltimore County designed a County-wide Interagency Screening, Placement, and Evaluation Committee Model.

• Develop a document: Progress to Date.	• The document completed in two of the three jurisdictions was a proposal for implementing the designed models: Anne Arundel County - 12/17/75 Baltimore County - 3/10/76
• Implementation of the designed model.	• Implementation has been delayed because each of the models require at least one staff person. Anne Arundel County has budgeted county funds for fiscal '77 so implementation will begin July 1, 1976. Baltimore County tested their model in April, establishing the committee and hearing two cases. The County is seeking funds for implementation.
• Complete document: Coordinated Services for Handicapped Children: Implementation of a Model.	• Since the models were not implemented, this document was not developed.

- - - - - - - - - - -

Regional Coalition

• Establish a regional coalition.	• The regional coalition was established on December 11, 1975.
• The regional coalition will consider area-wide policies and the potential for interjurisdictional sharing of resources.	• Such considerations were not possible until local coalitions were cohesive enough to identify local and interjurisdictional issues which needed to be discussed and resolved by the regional coalition. In a project of longer duration, the regional coalition ought to be established in the second year.

Interdependence of Coalition and Model

When this project was designed in May 1974, we were fairly clear about the need for a coalition in each jurisdiction through which planning could be done for improved coordination of services. We also perceived the need for the coalitions to plan concretely on the development of a model, though the concept of "a model" was vague.

As we now review the past year, the mission of both the coalition and the model are more apparent. Although much of this is yet to be tested, we see a dynamic interdependence which has tremendous potential for improving the delivery of services to handicapped children. Chart II provides a graphic overview of this relationship.

1) First the coalition is established with broad and balanced representation.

2) It thoroughly reviews documentation of services, gaps in services, and interagency agreements and determines what is needed to improve coordination of services. It designs and oversees operations of the model.

3) The model is implemented.

4) As in this coalition project, if the model is an interagency committee, it hears the most difficult to serve cases and develops treatment or placement plans, drawing on the needed resources and expertise in the jurisdiction.
If the model is an office of coordination, it receives complaints and requests for services and makes referrals, drawing on the needed resources and expertise in the jurisdiction.

5) Built into the process is a follow-up of all cases and an analysis of resulting information which serves to pinpoint problems in the local delivery of services.

6) The process involved in each of these models should result in improvement in communication among agencies in the jurisdiction, improved accessibility of services to consumers as a result of more effective utilization of existing services, and an increase in the comprehensiveness of the service network as a result of identifying and finding remedies for the most difficult to serve cases.

7) The model accumulates this information, putting it in analytical form and regularly feeds it to the coalition.

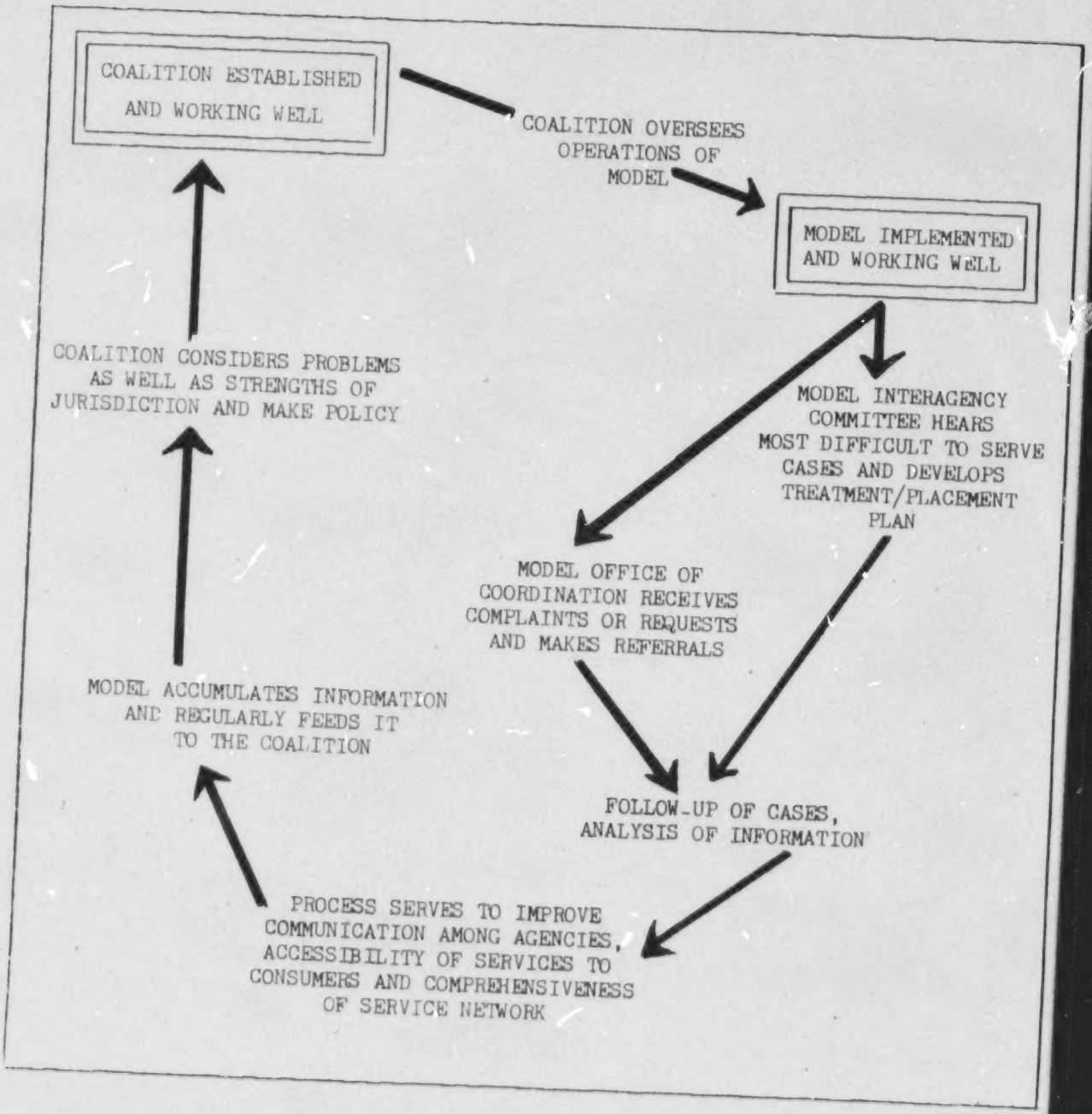
8) The coalition, over a period of time, should evolve into an effective policy-making body, perhaps not as large as it was initially, but still balanced and representative. It meets periodically to consider the information provided by the model -- looking at the jurisdictions strengths and its problems -- and makes "coordinated policy decisions -- decisions arrived at jointly by the members of the coalition. These decisions are then translated into agency policy by the appropriate public and/or private agencies thus effecting the service delivery system through a process of joint decision-making.

After the coalition and the model are fully operational for at least a year, they should both be evaluated. 1) The coalition would be evaluated in terms of its capacity to solve jurisdiction-wide policy issues; 2) the model would be evaluated in terms of its effectiveness in improving the coordination of services. This evaluation could be patterned after previous research conducted in Missouri in 1973 by the Regional Rehabilitation Institute.[8]

---

[8] Benson, J. Kenneth et al. Coordinating Human Services: A Sociological Study of an Interorganizational Network, Regional Rehabilita-Research Institute, University of Missouri-Columbia Research, Series No. 6 June 1973. This study examined interagency interactions and service delivery from both an empirical and theoretical perspective.

CHART II - GRAPHIC ILLUSTRATION OF THE INTERDEPENDENCE OF LOCAL COALITION AND DESIGNED MODEL


COALITION ESTABLISHED AND WORKING WELL
COALITION OVERSEES OPERATIONS OF MODEL
MODEL IMPLEMENTED AND WORKING WELL
MODEL INTERAGENCY COMMITTEE HEARS MOST DIFFICULT TO SERVE CASES AND DEVELOPS TREATMENT/PLACEMENT PLAN
MODEL OFFICE OF COORDINATION RECEIVES COMPLAINTS OR REQUESTS AND MAKES REFERRALS
FOLLOW-UP OF CASES, ANALYSIS OF INFORMATION
PROCESS SERVES TO IMPROVE COMMUNICATION AMONG AGENCIES, ACCESSIBILITY OF SERVICES TO CONSUMERS AND COMPREHENSIVENESS OF SERVICE NETWORK
MODEL ACCUMULATES INFORMATION AND REGULARLY FEEDS IT TO THE COALITION
COALITION CONSIDERS PROBLEMS AS WELL AS STRENGTHS OF JURISDICTION AND MAKE POLICY

II. THE COALITIONS

Coordination begins when a coalition stops saying, "Why don't they do it" and begins saying, "Why don't we do it." When each of the local coalitions moved to that point, they in fact became a cohesive coordinating body.

Once the documentation of services and needs were available to the local county coalitions, they were able to focus on their major objective of designing a model for coordination. When they began setting up subcommittees to address various issues that the coalitions wished to focus on during the year, then they began to effect change.

Because of the inherent problems in the development of the coalition in Baltimore City, we will discuss the process of the city coalition separate from the counties.

This part of the report deals with the status of each of the coalitions, the process that took place, and their planning for the future. Developments, in fact, are taking place so quickly at the present time, that it is difficult to document status and plans while they are still being negotiated.

Although the same structure was set up within each jursidiction, enough flexibility was built into the project for members to decide how it would meet its objectives.[9] Thus, each coalition set up the way it would work, the issues they were concerned with, and the model to be developed.

---

[9]The local coalition structure included representatives from the jurisdictional departments of Education, Health, Juvenile Services and Social Services; major private agencies; a pediatrician; established consumer groups; and consultants from the local budget office and from other appropriate organizations. Attachment C is a list of members of the local coalitions.

The Anne Arundel County Coalition for Handicapped Children was the first coalition to be established and has had, as a result, a much greater time to accomplish their tasks.

They concentrated on three areas of concern for the handicapped child: 1) Establishing a model; 2) legislation; and 3) funding their model through the county budget process. At the present time, the funding for their Office of Coordination has been placed in the county budget and it is expected to begin July 1976.

The staff for the model will also help with the work of the coalition. An executive committee has been set up to oversee the implementation of their model. It is anticipated that the collection of data from this office will enable the coalition to make policy decisions that will continue to effect a better service delivery for the county.

The Baltimore County Coalition for Handicapped Children started some four months after Anne Arundel County's due to some difficulty in obtaining a chairman. Once formed, however, and with the documentation completed, a subcommittee was appointed by the chairman to begin work on their model. The model they designed, although different from Anne Arundel County's, addresses the needs as the Baltimore County Coalition saw them.

The chairperson also set up two other subcommittees to look at problems and issues about which the coalition felt concerned: 1) Higher education; and 2) Consumer groups.

The Higher Education Subcommittee is comprised of representatives from the universities and community colleges located in Baltimore County. Their mission has been to look at the potentials within their institutions for increasing the service delivery capacity to the handicapped child either through involvement of student population and/or through their existing specialized services.

The Subcommittee on Consumer Groups' goals are to construct vehicles of communication with provider agencies, promote cost benefit analysis, increase parent education and develop common areas of concern to be addressed by the various consumer groups. Recently, they held the

first of a two-part workshop on "Parent Advocacy" with the Developmental Disabilities Law Project from the University of Maryland School of Law.

The Baltimore County Coalition, with unanimous approval of its members, is presently seeking funding for a staff position from the County Executive. As in Anne Arundel County, the person hired would staff their model, as well as the coalition.

This meeting with the County Executive will be taking place after this final report has been written. Although we do not know the outcome of this, we do know that both county governments, and in particular the Chief Executives and their staff, have been tremendously supportive of the coalitions. This support and their helpfulness to the project aided in making the coalition approach a success in their jurisdictions.

We are convinced that long after the project is over, the coalitions will continue to play an important role within their own jurisdictions in improving service delivery to handicapped children. We believe there will also be greater opportunities for the coalitions to work together, increasing the effectiveness of services within the Baltimore metropolitan region.

The Baltimore City Coalition for Handicapped Children has not developed a model, although, the documentation has been completed and hopefully, will be utilized in future coordination efforts. What we have learned during the years' experience can be of value to others engaged in the same goals of coordinating services in large urban areas.

The same commitment seen in the other coalitions was also present in the city. The problems in implementing the coalition approach in the city, however, were completely different from that of the counties. There were two major barriers to achieving our objectives: 1) The enormous task of identifying and documenting services, and 2) establishing a fair representation for the many providers and consumers of services to handicapped children. (There are a total of 55 major providers of service for handicapped children. This does not include programs peripherally serving a limited number of handicapped children.)

Delays caused by a time factor of setting up three coalitions, recruiting of staff from Baltimore City, attempting to get a handle on "how to" plan for the City, and the change in chairmen just as the coalition was getting started, were causes for anxiety and frustration on the part of all who participated, including the project manager.

The staff person was hired in August, when we were already five months into the project. It soon became apparent that if we attempted to document all services city-wide, it would take the rest of the project year.

All of us were determined to meet the objectives of the project, including implementing the coalition approach and designing the model.

In our brainstorming efforts, we came up with the idea of dividing the city into regions, similar to the nine public school regions. Simply stated, our plan was as follows: To take an identified region, do the documentation of services, establish a mini-coalition within the region, have a representative from the mini-coalition on a city-wide coalition. In addition, the mini-coalition would design a model of coordination for their region which could possibly be adapted to other regions as we moved into them. This then would provide city-wide representation as well as models for the city.

We began this plan with great enthusiasm and all looked well in the City. It did not work!

The painful fact was that no two major agencies had even remotely comparable areas in which they delivered services. There are council-manic districts, school regions, social service districts, health catchment areas, etc., and many city-wide agencies are not geared to any regional division.

At the same time, our chairman, for personal reasons, had to resign and a new chairman was appointed. Although both chairmen have been dedicated, committed individuals, the transition of a chairman at that particular time was even more difficult.

As one of the members of the coalition so aptly put it, "Well, there's one consolation, when your're down on the floor, there's not much further down you can go."

With only a few months left in the project year, it became apparent that all of our efforts should be delegated to documenting the city's services and needs. If we could obtain additional funding for a second year, we could then continue with model design and implementation. Funding, however, was not obtained.

This documentation has been completed and provided to the members of the coalition and the city administration for their use in future planning.

At the last meeting of the coalition, it was their decision to seek a meeting with the Mayor to see if there was any way to continue the city's efforts in this direction. The meeting is to be held sometime in May, and as of this writing, it is difficult to ascertain what will happen.

Our experiences in the city led us to the conclusion that there can be no shortcuts in the process that we have developed in the coalition approach. Prior to setting up a coalition in any jurisdiction, knowledge is needed as to what a jurisdiction has and what the perceived gaps in services are.

The Regional Coalition for Handicapped Children was established and held its first meeting in December, 1975 with a chairman appointed by the chairman of the Baltimore Regional Planning Council.

This group has a wider basis of representation including two persons from each of the six jurisdictions; one each from the following State agencies: Budget and Fiscal Planning, Education, Governor's Office, Health and Mental Hygiene, Human Resources, and State Planning; and representation from regional private providers and consumer groups and from various coordinating commissions. (Attachment D is a list of regional coalition members.)

The Regional Coalition has not been able to function as a coordinating body, and it would be impossible to expect in the span of three meetings that it would be. Thus, other than the fact that some information has been shared by the local coalitions and by state agencies in formal presentations, there are no products coming out of the Regional Coalition.

In actuality, the Regional Coalition could not function until the local coalitions were established enough so that they could bring issues to such a forum for discussion.

The issues and problems of coordination at the regional level are still there and have not been dealt with! For example:
1) There has been given to the local level increasing responsibility for implementing more and more services to the handicapped child. At the same time, however, there has been no provision for additional planning time or increased commitment of funding. This has been a common problem expressed by jurisdictions throughout the state.
2) Another common area of concern and dissatisfaction expressed at the local level has been that the state agencies do not involve the local officials in the planning and decision-making process, even when it ultimately effects the local jurisidictions delivery of services. There is need for a vehicle of communication and collaboration to be utilized by state and local representatives for input into policy and the decision-making process.

In our opinion, a Regional Coalition would have greater impact on coordination of services if it was established (in a project of longer duration) after the local coalitions had time to "get their own thing together."

III. DOCUMENTATION

In retrospect, we did not realize how valuable the document would be as a tool for the coalitions. Its effect was pivotal in moving the coalitions toward meeting their objectives. It was not that the documents presented anything surprisingly new. They simple served to focus attention on priority needs and provide the base information necessary for planning. (Our biggest handicap in Baltimore City was in not having enough staff and enough start-up time to complete the documentation in time for the coalition to be able to use it.)

"Documentation" refers to the key planning tool developed for each local coalition. The purpose of the document - Services to Handicapped Children - was three-fold:

1) To identify as completely as possible the direct services which exist in the jurisdiction specifically for handicapped children.

2) To identify priority service needs by asking each agency representative interviewed what they perceived as the gaps in service and what the critical needs were.

3) To begin an assessment of the existing interagency network.

The document was not meant to be an evaluation of existing services or a critical look at gaps and needs. It was meant to be a factual report and summary of what agency representatives stated they provided and their combined perceptions of the need for services. It was meant to provide a current picture of the network of services so that coalition time would not have to be spent in "agency show-and-tell."

The approach MODS took to developing this document was to design a schedule of open-ended questions for the field staff to use in a series of personal interviews with agency directors or their assistants. Agencies were identified by using directories and through personal referrals. When the documents were completed, they were formally approved by the respective coalitions, with the exception of Baltimore City coalition where time limitation precluded it.

Direct Services

Under Direct Services, a comprehensive listing of agencies was provided in a format which could be used by the coalition for planning. This section was developed slightly differently in each of the three jurisdictions. In Anne Arundel County, where 14 agencies were identified as providing services for handicapped children, specific programs were listed according to three age groups: Preschool (0-5); school aged (6-17); and young adult (18-21).

In Baltimore County, where 35 agencies were identified providing over 100 different programs, the programs were listed by agency under the following five categories:

1) Communication Impairments
2) Developmental Disabilities
3) Developmental Disabilities - Mental Retardation
4) Psychological Impairment
5) Any Handicap

If an agency provided services to more than one category, it was listed more than once. Their charts also grouped programs by age group and cited the number served, capacity and waiting list.

In Baltimore City, 55 agencies were identified providing over 300 major programs. To make a long list more manageable, the agencies (major programs, handicaps served) were listed according to a continuum format under the following categories:

1) Hospitals - those facilities which offer a full range of services but whose major function is full-time medical care.

2) Residential Care - those agencies which provide temporary or intermediate care in community placement facilities.

3) Special Facilities - agencies designed to serve a single handicap. Included with special facilities are clinics and multi-purpose centers providing a variety of family support services.

4) Special Education and Vocational Rehabilitation - include those agencies which have accredited special education schools or have programs focusing on education or vocational rehabilitation.

Service Needs

Gaps in services were identified, not through an analysis of existing services, but by asking each agency representative what they perceived the gaps to be. In this way, issues, problems and needs surfaced and became priority by virtue of the number of persons who repeated various concerns.

It is interesting to note the number of service needs which are similar in two or three of the jurisdictions. The quotes speak for themselves.[10]

- Work and Employment Opportunities

  Teenagers and adolescents need more work activity centers and sheltered workshops . . . (B. City, p. 9)

  . . . agencies called for vocational training programs to be available for 12-14 year old learning disabled and emotionally disabled children. In their view, these children become angry, frustrated, and 'top expultion candidates' because of their failure with academic subjects. (B. Co., p. 19)

---

[10] All quotes are taken from the final copy of the documents cited: Services to Handicapped Children in Anne Arundel County, 10/22/75; Services to Handicapped Children in Baltimore County, 1/14/76; and Services to Handicapped Children in Baltimore City, 4/26/76.

- Residential Placement

  Almost without exception, residential placement facilities was cited as a major need in Baltimore City. (B. City, p. 7)

  Twelve agencies or individuals cited a tremendous need to provide residential services and programs for the psychiatrically, mentally, and orthopedically impaired youth in Baltimore County. (B. Co., p. 19)

  Many coalition members feel that there is a great need for more foster homes and group homes for adolescents. (AA Co., p. 8)

- Transportation

  DVR spent many thousands of dollars last year on taxi fares for youths in part-time programs who has no other transportation. (AA Co., p. 4)

  The number of people an agency is able to serve is oftentimes directly related to the availability of transportation. Subsidized cab fare to persons unable to ride buses, reserved parking spaces at hospitals and outpaitent clinics, and buses designed for physically handicapped persons would greatly aid in mobility of handicapped persons. (B. City, p. 9)

  Goodwill Industries and several leisure time programs explained that they would be able to reach a greater number of handicapped youth if transportation was available for individuals living in the outlying districts. (B. Co., p. 22)

- Coordination

  Most agencies felt there was a definite need to open lines of communication in order to improve coordination between public and private agencies. (B. City, p. 8)

  Establish a central agency/clearing house for the handicapped - a central place where parents could go for comprehensive help, not just information and referral, with a minimum of red tape and a maximum of sensitivity to greatly relieve parents of the burden of shopping around for services. (AA Co., p. 4)

  Every major provider of leisure time activities expressed the desire to establish some type of central coordinating and planning mechanism. (B. Co., p. 21)

- Funding

  The most difficult task in writing this document is how to adequately express the frustration of those persons I talked with who are trying to make a first-rate service available but cannot because of lack of funding. Some agency administrators stated that they did not even think there was a recognition on the part of the State and City officials of the critical problem affecting handicapped children in the State of Maryland. (B. City, p. 6)

  Lack of appropriate funding impacts existing programs in many ways. Perhaps the most devastating is the low morale and feeling of hopelessness and helplessness that was projected repeatedly by service providers. (B. City, p. 7)

  There appears to be a general shortage of funds, especially for some private agencies who are losing funds, or are uncertain as to whether or not they will be funded and by whom. (AA Co., p. 3)

- Education of the Public

  This category received top priority because it was a concern that was mentioned by nearly all service providers in one way or another. (B. City, p. 5)

Coordination of Services

The last section of the document is a beginning assessment of the interagency network in each jurisdiction. We asked agency representatives to identify all interagency agreements known to them. In analyzing the response, we attempted to separate out levels of interaction which ranged from informal referral agreements, and ad hoc case conferences between two or more agencies to policy level agreements of a formal nature. The range of coordination can be seen when three levels of interagency agreements are defined and illustrated.[11]

---

[11] Narrative on three levels of interagency agreements is excerpted from the document, Services to Handicapped Children in Baltimore City, April 26, 1976, p. 12-15.

Line staff coordination takes place when line staff of two or more agencies interact to better utilize resources of each agency. Ad hoc case conferences and case referrals are examples of this interaction. Many of these types of inter-staff relationships never come to the attention of the agency director and do not effect broad policy of the agency. Agreements are developed generally because staff of the different agencies serve the same population of children, thereby developing good rapport and communication.

Examples of line staff coordination:

- The Glover-Tillman Learning Center, an educational preschool program which serves children with emotional disorders refers children and their families to Family and Childrens Society for a variety of family support services. (B. City, p. 13)
- Line staff personnel from the Department of Social Services and the Baltimore City Health Department frequently confer around decisions regarding requests from either agency for health services or social placements. (B. City, p. 13)

Mid level or middle management coordination takes place when middle management staff of two or more agencies interact or cause staff to interact in order to better utilize resources and to improve the delivery of services. More planning is involved in this type of interagency agreement but it is not at the policy level. Like line staff agreements, agreements between divisions of agencies frequently result from the interactions of individuals around specific issues that confront them on a day-to-day basis. Although the origin or existence of the agreements may have been known to the chief administrators of the respective agencies involved, agency policy is not effected.

Examples of mid-level coordination:

- Although not specifically focused on the handicapped child, the Baltimore City Child Management Team represents an agreement on the part of supervisory and other middle management personnel to jointly develop a planned approach in serving children referred to it through the Juvenile Court System.

Participants include representatives, at the decision-making level, from the Juvenile Services Administration, the Baltimore City Public Schools - Area for Exceptional Children, the Division of Vocational Rehabilitation, and the Baltimore City Juvenile Court.

A major purpose of the Child Management Team is to effect coordination and supervision of services to children. Important by-products of this type of interaction are: 1) Clear delineation of agency responsibility; 2) elimination of duplication; and 3) a coordinated effort toward development of needed resources.[12]

- Northern Baltimore County Community Health Center (NORCOM) is one of five community mental health centers in Baltimore County. It is administered by the Sheppard and Enoch Pratt Hospital and staffed by the hospital and the County's Bureau of Mental Health. Funds are obtained from client fees, grants, government and from the County Health Department and Sheppard-Pratt. (All other community health centers are solely operated by the Health Department.)

  NORCOM's Child Advocacy Liaison Team's primary purpose is to coordinate interagency programs for the vulnerable or problem children. Its secondary purposes are to act as a general group problem-solving mechanism and to act as a clearing house of program and legislative information. This committee is comprised of Board of Education, Sheppard-Pratt, Department of Social Services, the Department of Juvenile Services, Children's Aid & Family Service Society, the Mental Retardation Administration, County Health Department, and Spring Grove. (B. Co., p. 30 & 32)

Policy level coordination takes place between directors of two or more agencies and results in some formal, usually written policy decisions which effect the operation of the agencies in their day-to-day provision of services to handicapped children. In addition to joint

---

[12] This example is seen as "mid-level" because it appears at this time to focus on individual cases and better utilization of resources. If it maintains involvement fron "decision-making" level of each agency and if its focus is on agency policy and how this policy gets translated into services for all children under its jurisdiction, and if discussions here effect a clearer delineation of agency responsibility and result in a better "meshing" of the bureaucracies involved than the example could become one of policy level coordination. The question really is whether or not the Child Management Team will effect the policy of the respective agencies especially where their responsibilities and services overlap.

development of policy procedures, this level also includes staff outstationing and the joint planning and funding of a specific program by two or more agencies.

Examples of policy level coordination:

- An Infant Stimulation Program initially for Downs Syndrome Children ages 0-3 was started in September 1974 by Providence Center, together with the Anne Arundel County Health Department, the County Board of Education, and the Anne Arundel County Association for Retarded Citizens.

  The program, housed for the present at Oakwood School, offers language, occupational and physical therapy as well as parent counseling. Assessment, planning and therapy services are provided by the Health Department. The facility is provided by the Board of Education. Therapy services, overall supervision and consultation are provided by Providence Center. Funds for general operating expenses and some equipment are being provided by the Anne Arundel County Association for Retarded Citizens, Inc. (AA Co., p. 6)

- School Health Committee (Baltimore City)

  Program: The School Health Committee is represented by personnel from the Department of Education, Area for Exceptional Children, and the Department of Health, Division for Handicapped Children. It is mainly concerned with the health and educational needs of the children at Baer School. Children within the public school system, are given a health screening early in the year, and if their regular school program cannot meet their needs, they are then sent to the William S. Baer school for physically handicapped. Children at Baer school who are serviced by the committee, range from PK-12 grades, and are ones who are educationally at risk, (two years behind academically), who need a positive environment, are multi-handicapped, and also need physical and occupational therapy.

  History: Under Title 1 of the ESEA Act, (federal legislation 1963), the health department became part of the plan for student health, and have a grant from public schools to offer services. One-third of all Baltimore City schools fall under the ESEA Act. In September 1974, a new ESEA grant was established, calling for improved medical services to orthopedic and hearing impaired, multi-handicapped/retarded children, and now ostomy children. A major component of the program consists in handling the ostomy children.

Interagency Elements: The City Health Department provides two aides who are specifically at Baer School to aid the ostomy children. An orthopedic and pediatric consultant are also provided by City Health, to visit the school once a week, and a full-time nurse is provided. Dr. Roberts of the Health Department, monitors the medical component. The Education Depa tment provides special education staff, and an extensive medical staff at Baer School.

The School Health Committee meets monthly with the school medical staff, principal and representatives from the Department of Health, to review the needs of the school educationally and medically. Another service provided by the committee is in-service education for teachers, to make them more aware of the problems and needs of the students.

IV. MODELS FOR COORDINATION OF SERVICES

Using the document, the coalitions were to consider what the priority needs of their jurisdiction were, what resources were available to meet these needs and what existing interagency agreements might be built on to improve the integration of services. The coalitions, in their wisdom, considered their respective situations and decided they needed to design models which would help the coalition members collectively deal with interagency "slippage". "Slippage" refers to the cases which get lost and the clients which go unserved because their needs don't neatly fit existing criteria of agencies in the network.

The models are quite distinct, each designed to fit into their respective counties. When they were presented to the Regional Coalition in March, one representative described the difference this way: "One model - the Office of Coordination - is designed with the consumer in mind: a minimum of red tape and a maximum of sensitivity. The other model - Interagency Committee - is designed to meet a critical need of the agencies when they are faced with cases for which there appears to be no available services in the county."

Both approaches mark a transition in the counties. When agencies operate individually or even in twos and threes, there tends to be a possessiveness: "my patients", or "your students." Through the coalition, there is a common shared responsibility to plan for, care for, educate, and foster the development of "our children." One representative of a private family-oriented agency stated the situation so well. He said:

> "Possessiveness by various agencies often precludes the 'holistic' approach. Even when such possessiveness is not present, there is rarely a person or agency that assumes the overall coordinating role with respect to planning and decision-making and this leads to much bureaucratic foul-ups, delays, and duplication of efforts.

> Our own experience often places us in the role of the coordinating agency for a child who is being simultaneously seen in several other settings, and we can provide many examples of the routine confusions and inefficiencies that often befuddle us as we try to bring our own 'holistic' approach to the child."[13]

Proposals were developed "to establish" these two models in their respective counties. The proposals are included exactly as approved by each coalition.(Attachments E and F). The following is a brief summary of each one.

The Office for the Coordination of Services to the Handicapped in Anne Arundel County is basically a "clearinghouse" of information for handicapped individuals, "to help the consumer through the maze of available services." Where more than one agency is involved, the coordination will cut down on some of the duplication of services, especially in the referral diagnosis, evaluation process. Although a committee of the coalition will oversee the operations of the office, the whole coalition will serve as an Advisory Panel dealing with policy issues and insuring accountability of the Resource and Referral Panel. The Resource and Referral Panel, made up of service agency representatives from appropriate public and private agencies will consider unusual or complex cases referred to it by the Office of Coordination.

The County-Wide Interagency Screening, Placement and Evaluation Committee is designed to provide a case level advisory committee to consider the most difficult to serve cases in the county. Cases can be referred by any public or private agency or consumer group, following the guidelines provided. Built into the process is a follow-up of all cases heard, and analysis of the resulting information and a presentation of significant findings concerning policy matters to the coalition. The staff person will be supervised by the County Development Office and will serve as staff to both the coalition and the model.

---

[13] Mr. Ernest T. Smith, Executive Director, Family & Children's Society, at Baltimore City Coalition meeting on April 15, 1976.

V. EVALUATION

An evaluation of the capacity of the coalition project to improve coordination of services to handicapped children must wait at least an additional year if not more. A process has been set in motion and two models designed, but such an effort requires time to effect a measurable change.

In this pilot demonstration project, our focus has been to develop a methodology for improving coordination of services. The project has succeeded in defining various elements and testing them in three local jurisdictions. Evaluation efforts have emphasized these elements and requested local coalition members to rate their relative importance. (Attachment G is a copy of the questionnaire and cover letter.)

Of the 69 questionnaires sent out, 39 were returned (57%). The most complete return was from the public agency representatives (71%) and the least complete return was from private agency representatives (50%). The results of the tabulations have already been mentioned under Findings and Recommendations. The following are additional findings from the analysis. Please refer to Chart III, "Tabulation of Responses to Questionnaires" and Chart IV, "Percent Bar Graph..." for details.

1. The most important elements were:

   #1 - Representation
   #11 - Documentation of services and gaps in services
   #13 - Planning a model to coordinate services
   #14 - Implementing a model...
   #2 - Representation from decision-making level
   #5 - Full-time field staff assigned to local coalitions

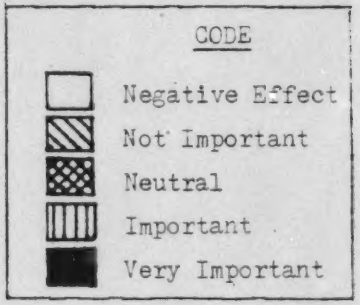
2. The least important items were:

   #7 - Full-time field staff living in the local jurisdiction
   #10 - Neutral corporation (MODS) serving as a catalytic agent throughout the project and phasing out after 1 to 2 years
   #8 - Field staff supervised by a neutral corporation (MODS)
   #4 - Chairman appointed from outside public service system
   #6 - Full-time field staff located in an office in the jurisdiction.

CHART III. TABULATION OF RESPONSES TO QUESTIONNAIRES

QUESTION: What degree of importance does each element have to the success of your local coalition?	VERY IMPORT.	IMPORT.	NEUTRAL	NOT IMPORT.	NEG. EFFECT	PRIORITY* HIGH	PRIORITY* LOW
1. How important is representation of:						20	1
a) Public Agencies	37	2	--	--	--		
b) Private Agencies	37	2	--	--	--		
c) Consumer Groups	32	5	1	--	1		
d) General Government	22	10	7	--	--		
e) Consultants	15	14	9	1	--		
2. Represen. from decision-making level of ag. or organ.	23	12	2	2	--	13	1
3. Chairman appointed by Chief Executive.	15	7	11	4	2	3	8
4. Chairman appointed from outside public service system.	7	13	14	4	1	1	6
5. Full-time field staff assigned to local coalitions.	23	9	6	--	1	10	4
6. Full-time field staff located in office in jurisdiction.	9	13	11	4	2	2	13
7. Full-time field staff living in local jurisdiction.	3	2	16	16	2	--	26
8. Field staff supervised by neutral corp. (MODS, Inc.).	9	6	17	4	3	1	12
9. Neutral corp. (MODS) serving as catalytic agent setting up coalitions.	10	11	13	2	3	4	9
10. Neutral corp. (MODS) serving as catalytic agent throughout project . . .	5	15	10	5	4	2	10
11. Documentation of services . . .	27	12	--	--	--	15	1
12. Documentation of interagency agreements.	19	15	3	2	--	2	4
13. Planning a model to coordinate services.	26	10	2	1	--	14	2
14. Implementing a model . . .	24	10	4	1	--	18	3

* Priority was tabulated from the two questions: List the three most important elements and the three least important elements.



Numbers refer to items on questionnaire

A = Responses from Anne Arundel and Baltimore Counties

B = Responses from Baltimore City.

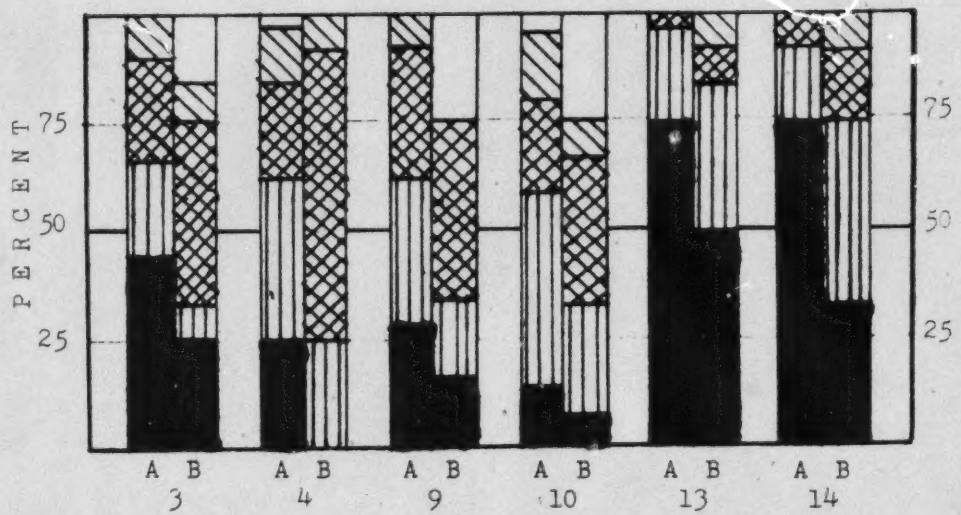


CHART V - PERCENT BAR GRAPH COMPARING RESPONSE FROM TWO COUNTIES AND CITY ON SIX ELEMENTS

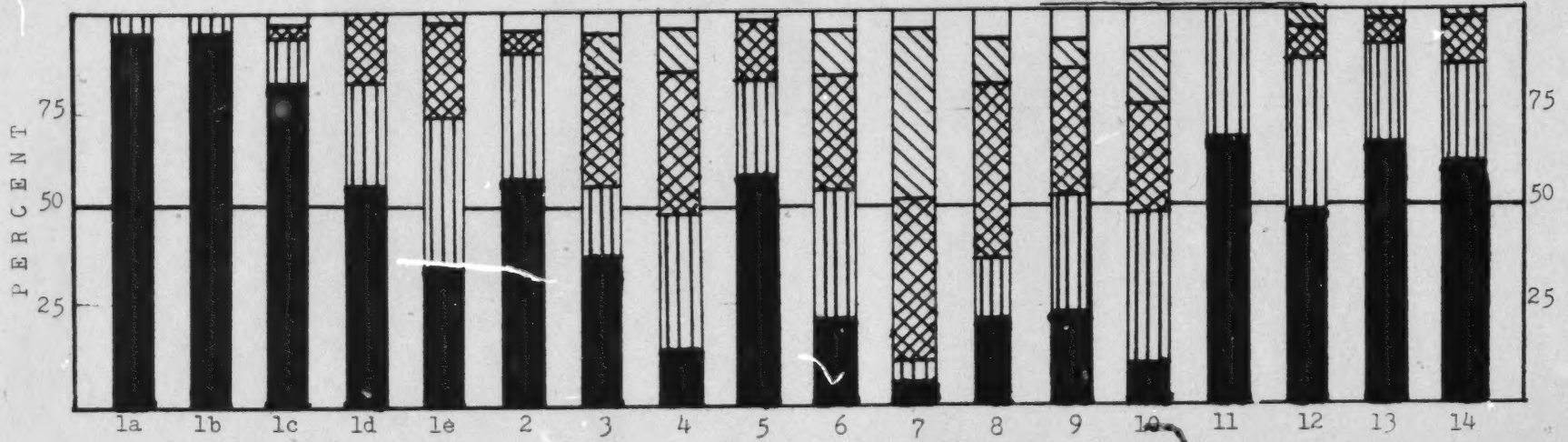


CHART IV - PERCENT BAR GRAPH SHOWING TABULATION OF RESPONSES TO QUESTIONNAIRE

3. In six of the elements there was a significant variation in the rating between Baltimore City and the two counties. The lower rating in the city reflects a general frustration with the project due to late start, fewer meetings, change of chairman and not having received documentation and thus, seeing little progress up to that time. Chart V is a Percent Bar Graph comparing responses in the counties to response in the city for those six elements. They are:

#3 - Chairman appointed by Chief Executive
#4 - Chairman appointed from outside public service system
#9 - Neutral corporation (MODS) serving as a catalytic agent setting up coalitions
#10 - Neutral corporation (MODS) serving as a catalytic agent throughout the project and phasing out after 1 to 2 years
#13 - Planning a model to coordinate services
#14 - Implementing a model to improve coordination of services

4. In addition to rating the elements for importance, coalition members were also asked to list the three most important elements and the three least important elements. The elements of highest priority in the two counties were:

#1 - Representation and
#14 - Implementation of a model.

The elements of highest priority in the city were:

#2 - Representation from decision-making level of agency
#11 - Documentation of services

The element of lowest priority in all three jurisdictions was:

#7 - Field staff living in jurisdiction

5. In answer to the question - Has the coalition achieved any specific changes, tangible or intangible, in your jurisdiction?, 61% thought changes had been achieved. (75% in counties and 21% in city) Many of those who responded with comments said they thought interagency relationships and communication had been improved. Others said it was too early to tell. One consumer representative wrote:

> 1) Definitely improved interagency and non-agency relationships and communication. 2) Broadened knowledge of what is available and what is needed in the field; 3) Specific legislative changes proposed in '76 session; and 4) Plan submitted and approved by County Executive for office of coordination on county-wide basis. (#17)

A private agency representative wrote:

> The coalition has achieved good interagency communication, in addition to the formulation of a County-wide Interagency Screening, Placement and Evaluation Committee. Time is now needed for the implementation of this document (model) (#28)

6. In answer to the question: Do you think the coalition project should be continued?, 88% answered yes. (96% counties, 70% Baltimore City). Most of the comments referred to the need to implement the model and the need for continued staffing for the coalition. A few referred to the need for continued guidance from MODS. A public provider wrote:

> "Yes, the project should continue. We still need a force behind the group to keep pressures on for establishment of program as planned." (#7)

A consultant to one of the local coalitions wrote:

> "Thanks to MODS, Inc., much was done in this (project). Without the grant which made this possible, I seriously doubt that anything would have been done. Have serious reservations about future effort if grant is not renewed." (#19)

VI. CONCLUSION

This project dealt with people, about people, and for people. When you get down to the basics in the whole field of human resources, the only tools that we have are people and their skills and ability to work with those who need help. Recognizing this, then, our objectives basically were to see if we could help provide an enabling structure that would facilitate those with the knowledge and expertise to utilize their energies in working in a more coordinated fashion.

Always the human elements were an inherent factor in the process. Our individual and collective problems and strengths played important roles in the process, sometimes inhibiting us, but on the whole, helping us to move in a task-oriented fashion.

All of the coalitions have reason to be proud of their accomplishments this year. We know that the Baltimore Regional Medical Program and the Baltimore Regional Planning Council are happy that the venture was undertaken and that much has been accomplished and left in place for future impact.

We, too, in MODS, feel a tremendous sense of satisfaction that another step has been taken towards all of our goals in helping handicapped children. In the termination of this project, we leave with a feeling of accomplishment and a knowledge that we did our very best to achieve the goals of the project.

HANDICAPPED CHILDREN (0-21) IN THREE LOCAL JURISDICTIONS AS IDENTIFIED IN SSIS DATA BOOK

January 15, 1976

Page	HANDICAP	ANNE ARUNDEL COUNTY	BALTIMORE COUNTY	BALTIMORE CITY	TOTAL
105	Vision	198	194	204	596
132	Speech/Language	3,181	3,746	4,956	11,883
159	Hearing	199	450	536	1,185
1[illegible]	Physical/Ortho.	803	1,099	1,832	3,734
213	Ill-Def./Psych.	2	1	1	4
224	Psychological Dis.	75	9	75	159
249	Sex Dev./Alcoh/Drug	5	---	11	16
264	Adjust. Reaction	493	340	725	1,558
291	Behavior Disorder	111	21	426	558
318	Spec. Learn/Lang.	1,507	1,564	6,063	9,134
344	Mental Retardation	1,366	2,274	7,004	10,644
371	Multi Handicap	239	243	666	1,148
398	Other	82	244	351	677
425	Continuum Ed.	192	44	17	253
	TOTAL	8,453	10,229	22,867	41,549
	Hand Tabulated Cases	46	784	4,685	5,515
	GRAND TOTAL	8,499	11,013	27,552	47,064

ATTACHMENT A

ATTACHMENT B

A COALITION APPROACH TO IMPROVED SERVICES FOR HANDICAPPED CHILDREN IN THE BALTIMORE REGION

Overview Prepared By
Models of Delivery Systems, Inc.
July 15, 1975

The purpose of the coalition project is to provide technical assistance to a regional coalition and three local coalitions to be established as vehicles of collaboration around the full range of services to handicapped children.

The goals of this project are to achieve more effective coordination among local Boards of Education, general government, public and private agencies and interest groups so that a comprehensive approach is taken to the planning and delivery of services to handicapped children.

The coalition project is under the direction of the staff of Regional Planning Council with Models of Delivery Systems, Inc. implementing it. Funding for one year has been received from the Maryland Regional Medical Program. Project staff includes a Project Manager, Research Coordinator, three Field Staff, and secretarial support. Project began April 21, 1975.

BACKGROUND

By an act of the Maryland General Assembly in 1973, State and local Boards of Education were mandated to set standards and to develop plans and programs for all handicapped children regardless of severity of the condition (S.B. 649).

In April, 1974, the M.A.R.C. Decree was issued by Baltimore County Circuit Court Judge John E. Raine, placing responsibility on the Department of Education acting alone or with Mental Retardation Administration for the education of the mentally retarded, "no matter how severly and profoundly retarded they may be."

MODS INC.
1913 LANSDOWNE RD.
BALTIMORE, MD. 21227

A parallel development was the Citizens Health Council Report, "These Are Your Children", prepared by the Children's Needs Subcommittee and submitted to the Regional Planning Council for their action. The Regional Planning Council requested that a special committee look into ways of implementing the section dealing with "quality of life", coordination of services to children, and early detection and treatment of physical and mental problems, including learning disabilities. From the committee's work, "The Coalition Approach to Improved Services for Handicapped Children in the Baltimore Region" was developed -- designed to solve some of the issues raised in "These Are Your Children" and to aid with the implementation of S.B. 649.

THE PROBLEM OF COORDINATION

The Lack of coordination is the major problem hindering provision of comprehensive services to handicapped children.[1] This is not a new problem, but it becomes increasingly critical where specialized services are offered in isolation from one another.

Coordination of programs and services is elusive for some significant reasons. These reasons should be recognized for what they are, whether related to human nature, the social structure, federal funding patterns, or local idiosyncrasies. Recognition of the natural constraints to coordination eliminates some of the unconscious game-playing which diverts coalitions from accomplishing their major objective. Recognition clears the air, and enables representatives to refocus attention on how to coordinate the delivery of services to handicapped children and their families.

---

[1] Definition: Comprehensive approach to the delivery of services is a method of approaching services to handicapped children which begins with an all inclusive definition of handicapped children and an all inclusive definition of supportive services which enable children to function. This approach should not, however, diminish the integrity of the specialized types of handicaps which play an important role in the delivery of services. It should soften the focus of attention (which has been fixed categories) so that the attention of the coalition is on children with problems and on an approach to services which is wholistic and not purely categorical.

a. Vested interests - Every agency, organization or consumer group has a vested interest in protecting their own "turf".

b. Autonomy - Public and private agencies want to maintain their right to self-government or control over their own programs.

c. Inertia - It is natural for agencies to want to maintain the status quo.

d. Control - Agencies historically have struggled with each other for control over money, programs and decision-making power.

GROUND RULES

The degree of success of any of the coalitions is dependent on the early acceptance of ground rules agreed to by the members. Recognizing and maintaining the integrity of each participating agency's decision-making responsibility:

a. The members must accept the concept of negotiation in issues, programs, or approaches to service delivery.

b. The coalitions must be tied into the decision-making process, by having as members representatives of decision-making bodies.

c. Members must be committed to the goals of coordination.

d. Chairmen of coalitions must come from outside the "agency system" and have the ability to move the coalition.

PROJECT GOALS AND APPROACH

Goal 1. To achieve more effective coordination among local Boards of Education, general government, public and private agencies and interest groups so that a comprehensive approach is taken to the planning and delivery of services to handicapped children in the Baltimore Region.

Goal 2. To conduct an analysis of the cost of present services and the financial implications of the delivery of coordinated services to handicapped children.

Goal 3. To determine whether or not it is humanly possible to bring together a coalition of consumers and providers whose main focus is the provision of comprehensive services to handicapped children and their families. If the project achieves Goal 1, we will have an understanding of "how to" effectively coordinate. If the project does not achieve Goal 1, a factual evaluation will result, of the problems inherent in this method of coordinating services to handicapped children.

The project is to be carried out on two levels simultaneously. The first is the development of local coalitions in three jurisdictions of the region (Anne Arundel County, Baltimore City and Baltimore County). The second is the establishment of a regional coalition involving the participation of each member jurisdiction of the RPC (to the above three jurisdictions are added Carroll, Harford and Howard Counties) and the State agencies principally affected (Budget and Fiscal Planning, Education, Employment and Social Services, Governor's Office, Health and Mental Hygiene and State Planning).

LOCAL COALITION

The local coalition's major purpose is to achieve more effective coordination at the local level. The following basic structure is proposed to the local jurisdictions. Actual implementation is dependant on the needs, wishes and existing organizations in the local jurisdiction.

1. The Chairman is appointed by the County Executive or Mayor. We recommend that the Chairman be a non-provider and a non-vested interest person who has the respect and confidence of the Executive and of the county. The Chairman should have some demonstrated ability to move a coalition.

2. Membership should come from four areas: 1) Public agencies, i.e., Education, Health, Social Services, and Juvenile Services; 2) The private sector; 3) Consumer organization; and 4) Consultants from existing coordinating councils, state agencies which have regional responsibilities or institutions in the jurisdiction, county budget office, etc. The size of the coalition should be 15 to 30. The decision on voting membership is left up to each local coalition.

3. Staff person to the local coalitions will be hired by Models of Delivery Systems, Inc. (MODS) with the approval of the Chairman of the coalition. This person will be supervised by MODS but will be responsible to the Chairman of the coalition and the coalition itself. Tasks include monthly reports of the coalition meetings, conducting interviews with members of the local coalition on a scheduled basis to provide materials for the three documents which will be used for the project evaluation,[2] and doing the many necessary chores to keep a coalition functioning.

The ultimate focus of the local coalitions has to be action. As suggested by the title of the three documents, there are three stages which the coalitions should move through: 1) Initial assessment of existing services or gaps in services and existing inter-agency agreements; 2) Consideration of various models of inter-agency approaches to services; and 3) Selection and beginning implementation of a practical model of services coordination.

---

[2]These three documents are:

Services to Handicapped Children: I. Direct Services II. Coordination of Services	An analysis of these two aspects of the service delivery system.
Evaluation of Progress to Date	A mid-year assessment by Coalition members of the progress being made.
Coordinated Services to Handicapped Children: Implementation of a Model	A final evaluation of the actions taken by the local coalitions especially in relation to the model being implemented.

Each coalition carefully reviews its own reports and adopts them prior to submission to the regional coalition, thus using them to evaluate their own progress.

Models of Coordination. A model is a structural form or pattern of relationships which can serve as an example of one way to provide services to handicapped children. The models described here are meant only to help further interpret what we mean by "model". This is not to suggest that these are the only models available for examination use and testing. Coalitions will be encouraged to develop models which are practical and fit the uniqueness of their jurisdiction. The illustrative models may or may not be useful in any given jurisdiction.

1. The Liaison Model - involves the assignment of, or loaning of staff from agency A to agency B for a limited time period or on a long-term basis, to augment a particular program in agency B. A good example of this is the special relationship already existing in many jurisdictions between the Department of Health and the Board of Education.

2. The Educational Service Model - assumes that the school facilities and staff are basic to the normalization process, and the other agencies are seen as resources available to aid with this process.

3. The Decentralized Services Delivery Model - involves the pooling of line staff from various agencies and assigning them to identified "manageable" geographical areas. In developing this model, the decision-makers decide: 1) What geographical areas are manageable for the delivery of a certain service? 2) What resources are available to be "pooled" and assigned to these areas? 3) What role is each agency or resource to play in the provision of the services; and 4) What added resources or programs are needed in the identified geographical areas to make the approach comprehensive?

REGIONAL COALITION

Plans to date: The regional coalition is a regional counterpart to the three local coalitions. It will include two representatives from each of the six jurisdictions in the Baltimore region (Anne Arundel, Baltimore, Carroll, Harford and Howard Counties, and Baltimore City), one representative

from each of the following State agencies (Budget and Fiscal Planning, Education, Employment and Social Services, Governor's Office, Health and Mental Hygiene and State Planning), six representatives from regional provider and consumer groups and approximately four from existing coordinating commissions such as Developmental Disabilities Council and 4-C's, for a total of 28 members. A Chairman of the regional coalition will be appointed by the present Chairman of the Regional Planning Council.

The regional coalition has four major tasks:

1. To be a forum for information on what is happening in the local jurisdictions.
2. To focus on local-regional-state relationships in the planning and implementation of services for handicapped children.
3. To begin interjurisdictional planning of services for handicapped children.
4. To consider ways of providing more services for the money available.

Local jurisdictional representatives are the major decision-makers on the regional coalition in the development of any interjurisdictional agreements. Where we have local coalitions, the representatives should be the Chairman of the coalition and an elected delegate from the coalition membership. In Carroll, Harford, and Howard Counties, one should be an appointee of the County Executive/Commissioner, and if they have an "official" coalition, the others should be an elected representative of that coalition. Otherwise, a representative should be appointed from the education task force working on coordination of services to handicapped children.

The regional coalition will consider areawide policy issues involved in comprehensive planning of health, education, and social services. The goals to be reached in local, regional and state planning for services to handicapped children should be to create a blanket of services which would leave no handicapped child in need uncovered, regardless of the child's residence or his handicapping condition. As stated in the proposal and contract, the regional coalition is the overall policy decision-making body with a policy of deference to local coalitions in regard to local matters.

COALITION PROJECT

Membership on the Local Coalitions

Models of Delivery Systems, Inc.

April 30, 1976

ATTACHMENT C

ANNE ARUNDEL COUNTY	BALTIMORE COUNTY	BALTIMORE CITY
CHAIRMAN: Mr. George (Reece) King	CHAIRMAN: Mrs. Tucky Heller	CHAIRMAN: Dr. Elsa Graser
STAFF: Mrs. Anne Booth	STAFF: Mr. Vincent Klimas	STAFF: Mrs. Sandra Vance
PUBLIC AGENCIES:	PUBLIC AGENCIES:	PUBLIC AGENCIES:
Dr. Linda Jacobs, Special Education Coordinator, Board of Education	Mr. William Binder, Principal, Deer Park Elementary School	Mr. Robert T. Rinaldi, Exec. Director Area for Exceptional Children Balt. City Board of Education
Mr. Lawrence J. Berardelli, Department of Social Services	Mr. Theodore Christensen Division of Vocational Rehabilitation	Mr. Charles Lansbury, Chief Special Services, Dept. of Social Services
Dr. Pamela Moore, Assistant Director Preventive Health Services	Mrs. Katherine Cochran Director of Social Services	Dr. Susan R. Guarnieri, M.D., Division for Handicapped Children
Ms. Judy Mayer, Resource Consultant, Juvenile Services Administration	Dr. Charles M. DeWitt Director of Pupil Services	Dr. George Lentz, Director Inner City Mental Retardation Programs, Chairman Developmental Disabilities Clinic
Mrs. Lillian Scala Council for Exceptional Children	Dr. Gloria Engnoth Supervisor of Special Education	Mr. Edward Lang, Regional Supervisor Department of Juvenile Services
PRIVATE AGENCIES:	Mr. Stanley Hamilton Division of Vocational Rehabilitation	Mr. Quentin Lawson, Coordinator for Human Resources, Office of the Mayor
Mr. Ray Shipley, Director, Bello Machre, Inc.	Dr. John Krager, Assistant Health Officer, Chief School Health Services	Mr. Melvin Moore, Director Mental Health Services
Mrs. Patricia Hudson, Director, Providence Center	Dr. Helen-Louise Scarborough Supervisor of Pupil Personnel	Mrs. Dorothy Coleman, Director Harford Heights Elementary School M.H.H.I. Coalition
Mrs. Ann Flanand, Family and Childrens Services	Mr. Fred Schmuff, Supervisor II Dept. of Juvenile Services	Mr. Neil Heintz, Chief Bureau of Management & Budget
Dr. Aris T. Allen Physician	Dr. Margaret Sherrard Deputy Director of Health	Mr. Gary Dye, Coordinator of Special Projects, M.R.A.
Dr. Clayton Norton Pediatrician	Dr. Benjamin P. Ebersole, Asst. Superin Curriculum & Instructional Services	
Ms. Toni Frances, Clinical Director Chesapeake Psychiatric Day Center	Dr. Billy D. Hauserman, Dean of Education, Towson State College	

ANNE ARUNDEL COUNTY	BALTIMORE COUNTY	BALTIMORE CITY
CONSUMERS: Mrs. James Cosgrove, A.A.Co. Assoc. for Children with Learning Disabil. Mrs. Marion Kluth, A.A.Co. Assoc. for Mental Health Mrs. Barbara Wagner A.A.Co. Council of P.T.A. Mr. Harry Sylce, A.A. Co. Assoc. for Retarded Citizens CONSULTANTS: Mr. George DeHaven, Special Assistant to Director, Maryland M.R.A. Mrs. Katherine Keeney, Md. M.R.A. Crownsville Dr. Charles P. Sheppard A.A. Co. Budget Office	PRIVATE AGENCIES: Mrs. Fredericka Bardwell Children's Guild Ms. Cynthia Child, Director of Professional Services, Children's Aid & Family Service Society Alan Davick, M.D. Pediatrician Sister Mary Laetitia, Administrator Good Shepherd Center Ms. Mary Lietuvnikas, United Cerebral Palsy of Central Md., Inc. Mr. Harvey Martini, Director Blackrock Y.M.C.A. Dr. Jules Abrams, Professor of Learning Disabilities, Johns Hopkins Dr. Lucy Kotarides, Director Special Education, Loyola College Dr. Albert Derivan, Director Forbush Center CONSUMERS: Mrs. Kelly DeBarros, Assistant Director, B.A.R.C. Mrs. Carol A. Walsh, Exec. Director Balto. Co. Parents & Friends of the Retarded Ms. Jill Burke, P.T.A. Special Education Committee Mrs. Norma McAdam, President Metro. Balto. Assoc. of Child. with Learning Disabilities	PRIVATE AGENCIES: Mr. William Hersey, Director of Social Services, J.F.K. Institute Mr. Ernest H. Smith, Director Family & Children's Society Mrs. Frederica Bardwell Children's Build Mrs. Jean Chapman, Director Hearing & Speech Agency of Metro. Balto Mr. Arthur W. Murphy, Exec. Director Epilepsy Assoc. of Central Md. CONSUMERS: Mr. Herbert Fedder, Exec. Director BARC Ms. Pat Funderburk, Exec. Director M.H. Assoc. of Metro. Balto. Mr. Kalman R. Hettleman, Consumer Advocate

ATTACHMENT L

COALITION PROJECT

Membership on the Regional Coalition

Models of Delivery Systems, Inc.

April 30, 1976

STATE AGENCIES	LOCAL JURISDICTIONS
Mr. Thomas M. Thomas, Chief of Fiscal Planning State Dept. of Budget and Fiscal Planning	Mr. George M. King, Chairman Anne Arundel County Coalition for Handicapped Children
Dr. Francis McIntyre, Assistant State Superintendent Division of Special Education, M.S.D.E.	Dr. Linda J. Jacobs, Special Education Coordinator Anne Arundel County Board of Education
Mr. Stanley I. Mopsik, Acting Director Office of Special Education Programs, M.S.D.E.	Dr. Elsa Graser, Chairperson Baltimore City Coalition for Handicapped Children
Mr. Thomas J. Feddicord, Jr., Assistant Legislative Officer Governor's Office	Mr. Quentin Lawson, Coordinator for Human Resources Office of the Mayor
Dr. Benjamin D. White, Assistant Secretary for Health Md. State Dept. of Health and Mental Hygiene	Mrs. Tucky P. Heller, Chairperson Baltimore County Coalition for Handicapped Children
Mrs. Josephine Kohn, Coordinator of Special Programs Md. State Dept. of Health and Mental Hygiene	Ms. Nancy Brooks, Principal Chatsworth School
Mr. Robert C. Hilson, Director Juvenile Services Administration	Mr. Karl Alexander, School Liaison for County Commissioner Carroll County Commissioner's Office
Mr. Theodore G. Lucas, Director Mental Retardation Administration	Mrs. Jewell K. Makolin, Supervisor of Special Education Carroll County Board of Education
Ms. Alma Randall, Division Chief of Special Programs Social Services Administration	Mr. Kenneth Green, Director of Planning Harford County Dept. of Planning and Zoning
Mrs. Madeline Schuster, Deputy Secretary Department of State Planning	Mr. William Capallo, Director of Pupil Services Harford County Board of Education
	Ms. Eleanor T. Butehorn, Adult & Child Services Coordinator Howard County Citizen Services
	Mrs. Martha G. Sullivan, Supervisor of Special Education Howard County Board of Education

CONSUMER GROUPS	PRIVATE PROVIDERS	COORDINATING GROUPS
Mrs. Katherine Kersse, Maryland Assoc. for Children with Learning Disabilities	Mr. Sampson Green, Jr., Department of Education (representing the Children's Needs Subcommittee)	Mrs. Zadie Brehm, Citizens Health Council/Regional Planning Council
Mr. Louis J. Bandell, Director of Field Services, Maryland Association for Mental Health, Inc.	Mr. Manuel Haendler, Principle Researcher Health and Welfare Council of Central Maryland, Inc.	Mrs. Karin Lapidus, Administrator Developmental Disabilities Council Dept. of Health & Mental Hygiene
Mr. William P. Cox, Executive Director Maryland Association for Retarded Citizens, Inc.	Mrs. Therese Lansburgh, President Maryland Committee for Day Care of Children	Mr. Edward Orzechowski, Assoc. of Catholic Charities, St. Vincent Child Care Center (representing Md. Conference of Social Concern)
Mr. William Ellis, Director of Middle School, Friends School (representing the Orton Society, Inc.)		Mrs. Sadie D. Ginsberg Maryland 4-C Committee, Inc.
		Mr. William McC. Hiscock, Deputy Director and Director of Health & Human Svcs. Regional Planning Council

ATTACHMENT E

PROPOSAL

TO ESTABLISH AN OFFICE FOR THE COORDINATION OF SERVICES TO THE HANDICAPPED IN ANNE ARUNDEL COUNTY

PREFACE

This proposal is a product of the Anne Arundel County Coalition for Handicapped Children. It was designed to improve coordination of services for the handicapped in Anne Arundel County.

The Anne Arundel County Coalition is one part of a Coalition Project being conducted in the Baltimore Metropolitan Region. The project is directed by the Baltimore Regional Planning Council and funded by a grant from Maryland Regional Medical Program. Models of Delivery Systems, Inc. (MODS), a non profit corporation, is responsible for the design and implementation.*

The Coalition Project also includes local coalitions in Baltimore County and Baltimore City and a regional coalition. The overall goal of the project is to bring together public and private agencies and consumer groups in order to achieve more effective and efficient coordination in planning and delivering services to handicapped children.

This proposal was approved by the Anne Arundel County Coalition for Handicapped Children on December 17, 1975.

*Additional information on the Coalition Project may be obtained from Models of Delivery Systems, Inc., 1913 Lansdowne Road, Baltimore, Maryland 21227.

P R O P O S A L

TO ESTABLISH AN OFFICE FOR THE COORDINATION OF SERVICES TO THE HANDICAPPED IN ANNE ARUNDEL COUNTY

I. PURPOSE

This proposal is to establish an office for the coordination of services to the handicapped in Anne Arundel County. Its purpose is to develop a coordinated approach to the delivery of services to the handicapped; to provide a clearinghouse for all available pertinent information related to a particular handicapped individual; to coordinate the collection of additional information (medical or social) as appropriate; and to coordinate the referral process to a specific agency or agencies for appropriate service.

Although such services are needed for handicapped citizens of all ages, the initial focus of this office will be on coordination of services for children. The definition of handicapped child is very broad so as to be inclusive of all types of exceptionalities. The definition of a handicapped child is "an individual from birth to age 21, with definable problems, disabilities that require special services in order to function in society."

II. JUSTIFICATION

Due to court suits and new laws, the handicapped person is receiving increased attention from a variety of different places. As a result, new laws and regulations established at the federal and state levels effect delivery of services in the county. A small local office of coordination is essential for the understanding and interpretation of such laws and

regulations. It would enable the county to take advantage of newly available funds to help increase the quantity and quality of services. It would facilitate day-to-day coordination among county agencies.

There needs to be a central office of coordination which helps the consumer through the maze of available services, especially where the needed service is not easily apparent; where the consumer is unfamiliar with services in the county; and for those cases which require the services from more than one agency. Where more than one agency is involved, an office of coordination would facilitate clarification of roles and responsibilities.

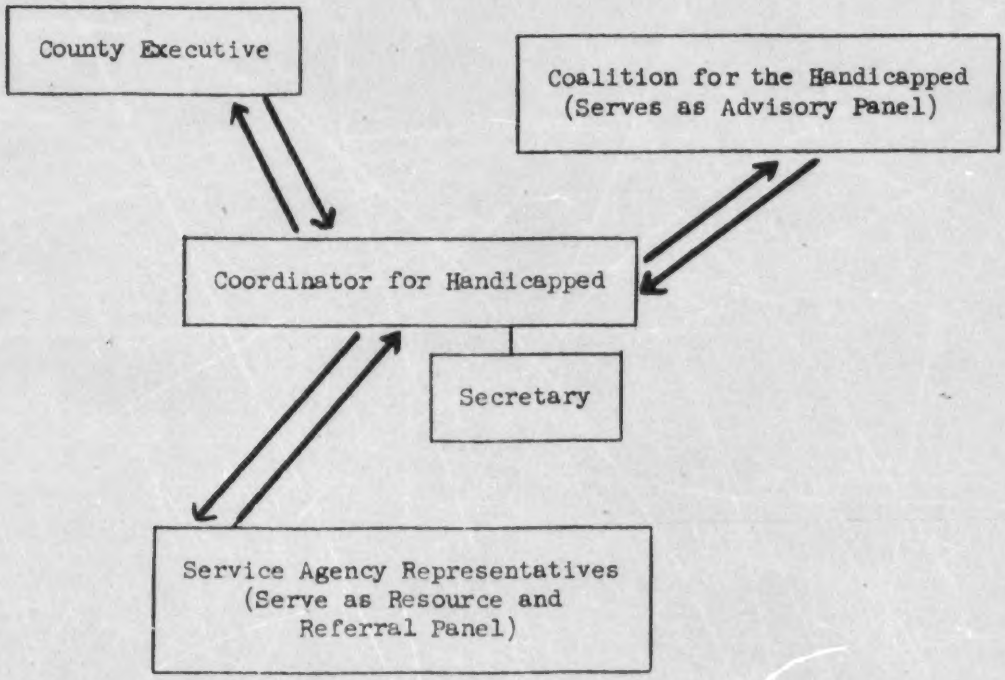
An office of coordination would be a direct aid to the County Executive who is charged with seeing that people of the county receive the services they need. It would save the county money through:

1. A centralized analysis of budget and statistics, thus aiding the county administration and county council in projecting needs and costs;

2. Coordinating delivery of services where more than one agency is involved, thus cutting down on duplication of services; and

3. Maintaining a close working relationship between public and private agencies and continually working towards more effective and efficient provision of services to the handicapped.

III. STRUCTURE



IV. METHOD OF HIRING

Applicants for the position of coordinator should first be screened by the advisory panel who will then submit a maximum of three names to the County Executive for his consideration. The coordinator would thereafter serve at the pleasure of the County Executive.

Qualifications

The coordinator must have a minimum of five years professional experience in program administration including experience in working with the handicapped.

Job Description

1. To identify all programs and services for all handicapped citizens in the county.

2. To be an advocate for the handicapped child.

3. To serve as a resource person to handicapped individuals and/or their parents or guardians.

4. To make use of already available data for the purpose of identifying areas of unmet needs and gaps in services and programs for the handicapped.

5. To provide information for the purpose of coordination and support to all public and private agencies and departments in the county which provide services and programs to the handicapped.

6. To develop an information/referral service for all programs for the handicapped in the county.

7. To identify barriers to service delivery for the Advisory Panel and the County Executive.

8. To identify and to recommend to the County Executive and all agencies appropriate sources of state and federal financial assistance for purposes of initiating and expanding programs for the handicapped.

9. To submit an annual report to the County Executive which sets forth the services and programs for the handicapped in the county and recommendations for the most effective delivery of services and programs to the handicapped.

10. To be a resource to agencies for budget needs.

11. To be a source of reliable information for the county government and for the state legislature by accumulating statistics and documenting needs.

12. To meet regularly with and provide assistance to the advisory panel. (The Coalition for the Handicapped serves as the advisory panel to the Office of Coordination for the Handicapped.)

13. To refer clients to the resource and referral panel. Records accumulated for the information of the panel will be returned to the referring agency after disposition. (This panel is made up of service agency representatives from appropriate public and private agencies. Its function is to aid in deciding appropriate placement for unusual or complex cases referred to it by the Office of Coordination for the Handicapped.)

BUDGET

Coordinator	Salary range: $19,000 to $23,000 (Includes 12% Fringe Benefits)
Secretary	Salary range: $6,000 to $8,000 (Includes 12% Fringe Benefits)

Office space, rent, utilities, postage, supplies, furniture and equipment - will vary depending upon available resources from county government.

ATTACHMENT F

PROPOSAL

TO ESTABLISH A COUNTY-WIDE INTERAGENCY SCREENING, PLACEMENT AND EVALUATION COMMITTEE IN BALTIMORE COUNTY

PREFACE

This proposal is a product of the Baltimore County Coalition for Handicapped Children. It was designed to improve coordination of services for the handicapped in Baltimore County.

The Baltimore County Coalition is one part of a Coalition Project being conducted in the Baltimore Metropolitan Region. The project is directed by the Baltimore Regional Planning Council and funded by a grant from Maryland Regional Medical Program. Models of Delivery Systems, Inc. (MODS), a non profit corporation, is responsible for the design and implementation.*

The Coalition Project also includes local coalitions in Anne Arundel County and Baltimore City and a regional coalition. The overall goal of the project is to bring together public and private agencies and consumer groups in order to achieve more effective and efficient coordination in planning and delivering services to handicapped children.

This Proposal was approved by the Baltimore County Coalition for Handicapped Children on March 10, 1976.

*Additional information on the Coalition Project may be obtained from Models of Delivery Systems, Inc., 1913 Lansdowne Road, Baltimore, Maryland 21227.

A COUNTY-WIDE INTERAGENCY SCREENING, PLACEMENT AND EVALUATION COMMITTEE

I. Name

Bylaws for: A County-Wide Interagency Screening, Placement and Evaluation Committee (hereinafter called Committee).

II. Auspices

This Committee is under the auspices of the Baltimore County Coalition for Handicapped Children (hereinafter called Coalition).

III. Definitions

The following statements express the general meaning of the word(s) used throughout these bylaws:

A. "Consumer Group" is an organized group of individuals that advocate for the rights of handicapped children. They will not provide any direct services.

B. "Private Agency" is that non-governmental agency which directly provides service(s) to the handicapped child.

C. "Public Agency" is that official governmental agency which directly provides service(s) to the handicapped child.

IV. Purposes

A. Provide a case level consultative committee which would develop an appropriate health, education and social service plan for cases involving handicapped children that public and private agencies and consumer groups cannot solve, having thoroughly exhausted all known community resources. This Committee will not function as an appeal process.

B. Stimulate a more effective and efficient delivery of case level services between the public and private agencies and consumer groups serving handicapped children.

C. Present significant findings to the Coalition concerning policy matters (e.g. inadequate resources, overcrowded programs, funding problems, etc.) that have evolved from the cases considered by the Committee. Subsequently, the Coalition will direct the findings and solutions to the County Executive, and/or County Council, and/or other appropriate agency for positive action.

V. Scope

The scope of this Committee's work will encompass handicapped children from birth to age 21 with definable problems or disabilities that require special services in order to function to their utmost potential in society. This handicapping condition is not absolute, but rather a relative attribute dependent upon a variety of factors.

VI. Composition and Authority

A. The members shall consist of the following:

1. One representative from each of the Baltimore County Governmental Departments of:

a. Education
b. Health
c. Juvenile Services
d. Social Services
e. Vocational Rehabilitation

2. Two representatives from the private agencies on the Coalition.

3. Two representatives from the consumer group component of the Coalition.

4. Other representatives from the public and private agencies (e.g. speech therapist, private family physician, etc) and consumer groups that may deal with a particular case, as deemed necessary by the Chairperson.

5. The Chairperson of the Coalition shall serve on this Committee in a ex-officio capacity.

B. A quorum shall consist of five of the nine members being present as listed in VI, A, 1-3.

C. Members need only be present for cases that deal with their specific service areas, as designated by the Chairperson.

D. Each member shall be appointed in writing by the director of the agency or bureau.

E. Each member will be authorized by their agency to:

1. Provide service(s) from their agency.

2. Delegate responsibility for the case to field personnel in their agency.

VII. General Operating Procedures

A. The Chairperson will be responsible to:

1. Serve for a six month term.
2. Conduct the meetings.
3. Sign correspondence on behalf of the Committee.

4. Be chosen from the alphabetical listing of member agencies (VI, A, 1-3).

5. Monitor the effectiveness of the Committee and develop a report for the Coalition that reflects the Committee's effectiveness (i.e. case statistics, trends, evolving issues, etc.).

6. Designate what agencies will be invited and who will be required to attend each meeting as stipulated in VI, A & B.

B. The staff person will be supplied by the County government and shall have the responsibility to:

1. Be acquainted with all of the existing services available for Baltimore County handicapped children.

2. Develop in conjunction with the Chairperson, the Committee's agenda.

3. Assure all of the appropriate proceedings are carried out.

4. Will not have a vote in the decision of a plan.

5. Shall be responsible for maintaining a filing system to include only the:

a. Name of child
b. Case plan
c. Follow-up report as stipulated in section X.
d. Release of information form

It will not include any personally identifiable information provided by other agencies. This information will be kept under lock and key, with only the Committee's Chairperson and staff person having access to those files.

C. Adequate supportive services (i.e. secretarial, supplies, and printing materials) will be supplied by the County government.

D. All Coalition members will receive a list of the cases thirty days prior to the Committee session at which the cases will be discussed so that the Coalition members will be able to provide the Committee any pertinent information concerning the cases 10 days prior to the Committee's session. A copy of the legal "Release of Information Form" will be attached to the list of cases. This list will be treated as personally identifiable information by Coalition members.

VIII. Referral Procedures

A. Only cases which cannot be resolved by a public or private agency or consumer group after they have thoroughly exhausted all known community resources can be referred to the Committee.

B. The Committee shall develop a form which must be completed by the referring agency or group thirty days prior to the Committee's consideration of the case. This form will entail the following personally identifiable information, but not limited to:

1. Name of child.
2. Case history.
3. Documentation that the agency has exhausted all of the existing community resources known to that agency.
4. Summary of all previous testing, disgnosis, and treatment.
5. Summary of the present needs of the child.
6. Written consent of the legal guardians granting permission to utilize the Committee.

This personally identifiable information will be destroyed at the completion of the case. The Committee's Chairperson and staff person will sign an appropriate form to assure this process has been completed.

C. The referring agency or group shall provide the legal "Release of Information Form" which provides the permission by the legal guardian to release any information from the agency(s) presently providing services or previously serving the child at least 35 days prior to the Committee's session to consider the case.

D. The Meetings:

1. Will be held at least once a month, preferably during the afternoon of the fourth Tuesday of every month, or as deemed necessary by the Chairperson.

2. Should take place at a non-partisan location or facility (i.e. County government office building, and so on) whenever it is feasible.

E. The Committee and the Coalition recognizes the citizen's right of privacy. Therefore, the Coalition guarantees protection as the Committee will strictly adhere to the following procedures:

1. The referring agency will obtain the legal "Release of Information Form" as stipulated in VIII, C.

2. All proceedings are to be kept confidential unless waived by the legal guardian.

3. Personally identifiable information used during the Committee's consideration of a case, except that information as stipulated in VII, E, 5, will be destroyed at the completion of the case. The Committee's Chairperson and staff person will sign an appropriate form to assure this process has been accomplished.

4. Personally identifiable information as stipulated in VII, B, 5, will be kept under lock and key with only the Committee's Chairperson and staff person having access to those files.

IX. Plan Guidelines

A. The Chairperson shall send in writing the authorized plan as soon as possible and no later than 14 days from the Committee's final decision. This plan shall minimally include the:

1. Prescribed intervention services.

2. Name of agency(s) providing the service and the contact persons name.

3. Appropriate follow-up guidelines.

B. The Committee can table action on any case for a period of no longer that 30 days.

C. If an occasion arises that an agency or bureau cannot or will not provide the service(s) as requested in the authorized plan, the director of the agency or bureau must state within 14 days, in writing, to the Chairperson of the Committee, the specific reasons what that agency or bureau is not providing the requested service(s).

X. Follow-up Guidelines

A. A progress report of each case written by the agency(s) providing the service(s) must be delivered to the Committee as deemed necessary by the Committee for a time span of two years.

B. The agency(s) providing the progress report must request a statement from the parent, legal guardian or custodian of the child covering their perceptions of the success of the plan. In the event that such a statement is not available, the agency must include written documentation within the progress report of it's effort to secure the statement(s).

XI. Dissemination of Information

The Committee and staff shall develop an annual dissemination of information plan to include the purposes, guidelines and accessibility of this Committee for all of the public and private agencies and consumer groups' front line staff.

XII. Amendments

A. Any amendments to these Bylaws may be initiated by any member of the Coalition.

B. Amendments must be distributed in writing at least seven days prior to the Coalition meeting at which the amendments are to be considered.

C. A majority vote, in favor of the amendment, of those present is required to adopt the amendment.

B U D G E T

Title

"Staff Person" for Interagency Screening, Placement and Evaluation Committee.

Supervised

This person will be supervised by the County Development Office.

Qualifications

This person should have a bachelor's degree in Social Work or in Mental Health or Community Organization or Sociology or related field plus two years of progressive experience in the particular field. Additional education may be substituted for work experience or work experience may be substituted for education requirements.

Salary range

$11,877 - $15,070

Written Commitment

The staff person must sign an agreement that they understand that this position is a temporary, non merit public service employment position funded by the County government for a period of one year and that they have participated in an orientation covering all rights and benefits under this program.

ATTACHMENT G

Models of Delivery Systems, Inc.

1913 Lansdowne Road
Baltimore, Maryland 21227

(301) 247-5600

M E M O

TO: Members of the Anne Arundel County Coalition for Handicapped Children

FROM: Mrs. Barbara L. Hartman
Research Coordinator

RE: Evaluation of the Project: "A Coalition Approach to Improved Services for Handicapped Children in the Baltimore Region"

Coordination of services to handicapped children is the main goal of the coalition project. The purpose of this questionnaire is to obtain information from you, the members of the local coalitions on how effective this approach is, considering the short amount of time (ten months) the project has been in operation, and the even shorter length of time your local coalitions have been meeting.

We are keenly aware of the importance of an unbiased assessment of this approach to coordination. Through your responses, we hope to objectively assess the overall impact of the project as seen by you. We hope that all local coalition members will take the time to complete the questionnaire as honestly as possible so that the assessment reflects the real views of you who have been most closely involved in the project.

A stamped, self-addressed envelope is included for your convenience. Any questions or inquiries may be addressed to Mrs. Barbara Hartman, Research Coordinator (247-5600). All questionnaires should be returned by March 31, 1976.

Thank you very much for your time and assistance. Individual responses will remain confidential. A summary of the results will be shared fully through the final report. Each member will receive a copy.

BLH/jmm
3/1/76

A COALITION APPROACH TO IMPROVED SERVICES FOR HANDICAPPED CHILDREN IN THE BALTIMORE REGION

Coalition Project Questionnaire

A. Please check type of agency or organization you represent:

- ☐ Public Agency
- ☐ Private Agency or Individual Provider (Pediatrician)
- ☐ Consumer Organization
- ☐ General Government (Chairman, Representative of Chief Executive)
- ☐ Consultant (State Agencies: MRA, Crownsville; Budget Officer; Law Project Rep.)

B. The following is a list of key elements used in the implementation of the Coalition Project. Please check your assessment of the degree of importance each element has in the success of your local coalition as it works to improve coordination of services to handicapped children in your local jurisdiction.

	Very Important	Important	Neutral	Not Important	Negative Effect
1. How important is representation of:					
Public Agencies	☐	☐	☐	☐	☐
Private Agencies	☐	☐	☐	☐	☐
Consumer Groups	☐	☐	☐	☐	☐
General Government	☐	☐	☐	☐	☐
Consultants	☐	☐	☐	☐	☐
2. Representation from decision-making level of agency or organization.	☐	☐	☐	☐	☐
3. Chairman appointed by Chief Executive.	☐	☐	☐	☐	☐
4. Chairman appointed from outside public service system.	☐	☐	☐	☐	☐
5. Full-time field staff assigned to local coalition.	☐	☐	☐	☐	☐
6. Full-time field staff located in an office in the jurisdiction.	☐	☐	☐	☐	☐
7. Full-time field staff living in the local jurisdiction.	☐	☐	☐	☐	☐

	Very Important	Important	Neutral	Not Important	Negative Effect
8. Field staff supervised by a neutral corporation (MODS, Inc.)	☐	☐	☐	☐	☐
9. Neutral corporation (MODS) serving as a catalytic agent - setting up coalitions.	☐	☐	☐	☐	☐
10. Neutral corporation (MODS) serving as a catalytic agent throughout the project & phasing out after 1 to 2 yrs.	☐	☐	☐	☐	☐
11. Documentation of services and gaps in services.	☐	☐	☐	☐	☐
12. Documentation of interagency agreements.	☐	☐	☐	☐	☐
13. Planning a model or models to coordinate services.	☐	☐	☐	☐	☐
14. Implementing a model to improve coordination of services.	☐	☐	☐	☐	☐

C. Which of the above elements under Item B are most important? List the three most important elements in priority order and indicate why they are the most important.

1. (Highest priority)

2.

3.

D. Which of the above elements under Item B are least important? List the three least important elements and indicate the reasons why.

1. (Least important)

2.

3.

E. In what ways could the coalition approach be improved?

F. Has the coalition achieved any specific changes, tangible or intangible, in your jurisdiction? (e.g., New or improved programs for handicapped children; new or improved interagency agreements; improved interagency relationships; improved communication between public and private and consumer groups.) Yes ☐ No ☐
Please comment:

G. Do you think the coalition project should be continued? Yes ☐ No ☐ If yes, what would you like to see as the focus for the local coalition during a second year? If no, why not?

H. Additional comments:

BOARD OF DIRECTORS

Honorable Clarence Blount

Edward L. Coleman, Esq.

Dr. Charles Ferster

Elyce Ferster, Esq.

Mr. Joseph Hall

Mrs. Barbara L. Hartman

Mary Hemelt, Esq.

Edward Kessler, M.D.

George A. Lentz, M.D.

Mr. Samuel J. Murray

Miss Winifred Thompson

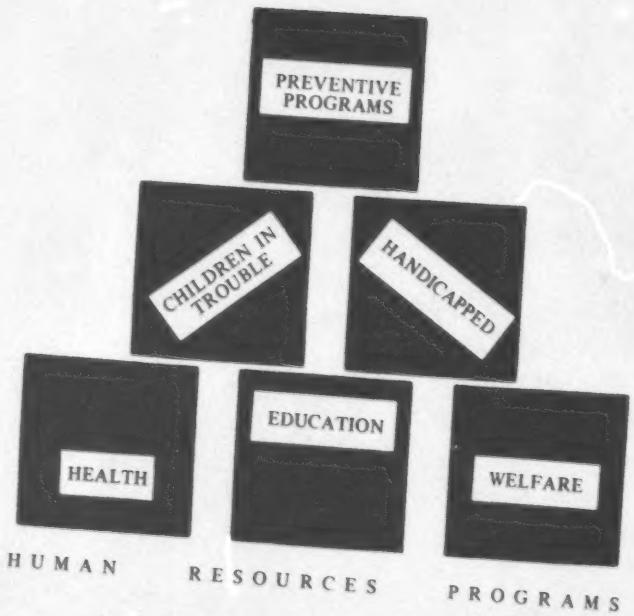
Mrs. Jane Wickey (President)

MODELS OF DELIVERY SYSTEMS, INC.

1913 Lansdowne Road
Baltimore, Maryland 21227
Phone: (301) 247-5600

MODS INC.

MODELS OF DELIVERY SYSTEMS INC.



MODELS OF DELIVERY SYSTEMS, INC.

MODELS OF DELIVERY SYSTEMS, INC. is a non-profit corporation founded in 1973. It was established to work with public and private agencies in the development of new approaches to helping children and their families.

MODS is governed by a Board of Directors with expertise in various fields. Board members bring to the corporation an extensive knowledge coming out of actual operations in psychiatry, psychology, pediatrics, nursing, law, social work and business.

MODS is part of a new trend. It is not established to operate programs. As a non-profit management support organization, MODS works directly with non-profit agencies to improve their efficiency, cost-effectiveness and the quality of operation as well as provide professional assistance in the development or maintenance of on-going programs.

SERVICES

PLANNING: LONG RANGE and SHORT RANGE

- Development of goals and objectives
- Improving methods of service delivery
- Planning for comprehensive programs
- Exploring financial implications

PROGRAM ANALYSIS

- Analysing service resources
- Identifying gaps in services
- Resolving problems of coordination

PROGRAM MANAGEMENT

- Development of management strategies
- Planning for staff development
- Training of staff

COORDINATION OF PROGRAMS

- Structuring new ways to coordinate services
- Being a catalyst for change

DEVELOPMENT OF RECORD KEEPING SYSTEMS

- Developing systems which incorporate evaluation and accountability
- Structuring the case record as a "programmed learning device"
- Incorporating logical problem solving
- Improving identification of problems and strengths and the development of treatment plans.